MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08426 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) P.M.3. Page ond 3 to of MARYLAND delay b. CITY OR TOWN (If outside Corporate limits, write RURAL and give nearest (wn) c. LENGTH OF STAY IN 1b write RURAL and give pearest tawn) BURTONSVIlle day INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? form pencil in Item 18. Give Pages 1, NO be executed within 24 hours after death. Office along with NAME 6 First Middle. DATE Manth Doy DECEASED 0415 (Type or print) DEATH IF UNDER 1 YEAR 6. COLOR DR RACE SEX 9. AGE (In years 7. MARRIED NEVER MARRIED 19 birthday) WIDOWED DIVORCED event 12. CITIZEN OF WHAT COUNTRY? e, writing the word "pending" in pencil in forworded to the Chief Medical Examiner's Unknown Unknown 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND Address permit. (Yes, na, ar unknawn) (If yes give war ar dates af service) removal. Holy Cross Hosp, chart records, Silver Spg No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Cerebral edema 10 IMMEDIATE CAUSE (a) This certificate should writing the word buriol, cremotion, DUE TD Canditians, if any, which gave Cerebral contusions 6 days rise to immediate cause (a), DUF TO stating the underlying couse 0 Vehicular accident 00 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? Pulmonary emphysema please execute the certificate, should be 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Rort II of item 18.) its designoted ogent, prior 3 should PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year (City or town) 1/21 factory, street, affice bldg., etc.) Haur am Nat While Silver Spring Mont gome'y moy be retained for your FUNERAL DIRECTOR: Poge Poge at work 21. I certify that I took charge of the remains described above, held an Autopsy 💢 Inspection X Inquiry X and in my apinion the funeral director. Accident X death resulted fram: Natural causes Suicide , Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** John G. Ball, M.D. Address (Street, city, town, or county) Bethesda. NAME (Type) Md. 23b. DATE THEREOF 23a. BURIAL CREMATICAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 50 RMBWICGOX Burial 6-30-67 North Carolina 24. FUNERAL DIRECTOR HYSONG FUNERAL HONE ADDRESS 1300-N 31-NW 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR VR A15ME (5) Romes Mr. H 6M 1/66

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Join B. 2073, M.D.

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## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0842	5		CERTIFICATE	OF DEA	TH		0841	8
0.	LACE OF DEATH OUNTY			MARYLAND	g. STATE.		b. (0)	YTY	
Si	write RURAL and was of HOSPITA	f autside corparote limit give nearest tawn) LOR INSTITUTION (If n		MARYLAND  C. LENGTH OF STAY IN 1b  D. O. A.  SILVER Spring  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Silver Spring  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Silver Spring  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Silver Spring  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Silver Spring  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Silver Spring  CONSTRUCTION  Months  Doy Year  Death  Month  Doy Year  DEATH  J. 19  PORTH  DOY MONTHS  DOY HOUSE  NOONED  DIVORCED  LI. BIRTHPLACE (county & Stote, or foreign country)  I. BIRTHPLACE (county & Stote, or foreign country)  II. BIRTHPLACE (county & Stote, or foreign country)  III. BIRTHPLACE (county & Stote, or foreign cou	e. IS RESIDENCE ON A FARM?				
3. N	IAME OF DECEASED Type or print)	Hospital Fi	rst	0 1	Lost	4. DATE OF	Mo		
S. S	11	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED B	DATE OF BIRT	н	9. AGE (In years lost birthdoy)		IF UNDER 24 HRS.
10a. durin		(Cina kind of work done	10b. KIN	D OF BUSINESS OR USTRY.	Washi	ngton, D			
pa	was deceased eve	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service)	OCIAL SECURITY NO. 17. II	FORMANT		Mahaney 10906 Add	lärboe Ave	nne
	Canditions, if ony, rise to immediations stating the under lost.	e couse (a), lying couse  GNIFICANT CONDITIONS	TO (b) TO (c) ONTRIBUTING TO	created arcenoma and the state of the state				19.	y cars O y cars WA AUTOPSY PERFORMED?
MEDICAL CERTIFICATION			20b. DES	CRIBE HOW INJURY OCCURRED. (	Enter nature of	injury in Port I ar F	Part II af item 1B.)		ES NO
MEDICAL		IRY Month, Day, Year	While	Not While focto			(City or tawn)	(County)	(Stote)
	saw the d	fy that (1) (this ho eceased olive on_	spital) attend	ed the deceased fram19 6 7, and that	deoth occu	, 19.49 rred at 26.51	to 6/13 M, fram cause	s and an the dat	te stated obave
	22o. SIGNATURE	phu &	. Cos	west m.c	PHYS.	DIRECTOR	STAFF PHYS.	DATE SIGN	NED /67
	22c. PHYSICIAN'S NAME (Type)	JOHN	E.E	VERETT	940	o Con		E Kouse	regton
23a.	BURIAL, CREMATIC REMOVAL (Specify	June 1	6, 1967	St. Mark's (	emetery	3a	irland, 1	Maryland	
26	tinery directly	Pumphrey.		434 Georgia Au ilver Spring.		Sa. REC'D BY REGIS		REGISTRAR'S SIGNATU	

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and canadetely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Page shauld be filed with the State Dept. of Health prior ta burial, crematian, ar removal, and in any event, within 72 hours

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### MARYLAND STATE DEPARTMENT OF HEALTH

	Division of STATISTICAL	L RESEARCH AND RECORDS, 30	W. PRESTON STREET	, BALTIMORE, MARYL	AND 21201
ì	08427	CERTIFICATE	OF DEATH		08420
	PLACE OF DEATH  a. COUNTY		2. USUAL RESIDENCE (Who	ere deceased lived, if instituti b. COUN	an: Residence befare admission)
	h CITY OF TOWN (I Abride cornered limits	MARYLAND  c. LENGTH OF STAY IN 1b	CITY OF TOWN (15 outs)	e de carparate limits, write RUR	Al and area pageet town
-	b. CITY OR TOWN (If pytside carparate limits, write RURAL and give nearest town)	12 days	SI ILE	R S O D L R	AL did give nediesi tuwii)
-	d. NAME OF HOSPITAL OR INSTITUTION (If nat in h	nospital, give street address)	d. STREET ADDRESS	11/1/2/10	e. IS RESIDENCE ON A FARM?
/	Holly CROSS HOS	p.	106 Roc	kolule	Dane YES NO DE
	NAME OF First DECEASED	Middle	Last	I. DATE Monti	. /
	(Type ar print) 14 g N/T-S	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
٥.		IDOWED DIVORCED	1/18/92	last birthday)	Manths Days Haurs Min.
10a	. USUAL OCCUPATION (Give kind af wark dane ing mast at working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & S	itate, ar fareign country)	12. CITIZEN OF WHAT
	Melikea.	HOUSEWIFE	00		COUNTRY?
13.	FATHER'S NAME  EDWARD DILI	ON	14. MOTHER'S MAIDEN NA		7.00
15	WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	NA GALLAGHI Addre	
(Ye	es, na, ar unknawn) (If yes give war ar dates af serv			DOYLE SAMI	
	IB. CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED BY:	r line for (a) (b), and (c).)	0 600	21.6	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Centona	26 des	ua ·	
	Canditians, if any, which gave ) (b)	Dialetic	) acid	res	
	rise to immediate cause (a), stating the underlying cause DUE TO	10	000 00		
	kst. (c)_	Misueles	Freel	illis	I 19 WAS AUTOPSY
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDI	HON GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
RTIFIC	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Par	t I ar Part II af item 1B.)	
AL CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)	20d. INJURY OCCURRED 20e, PLA	CE OF INJURY (Hame, farm,	20f. (City or town)	(Caunty) (State)
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19	While Not While of work of work	ary, street, affice bldg., etc.)	ZOI. (City of Idwin)	(Coomy) (Sidile)
	21. I certify that (I) (this hospital	) attended the deceosed from_	Se 12,19	1,10	7, 1967, that (1) (we) las
	saw the deceased alive an	23 196 /, and the	death occurred of	M, from couses	and on the date stated above
	22a SIGNATURE	akandon) M.	D. ATTENDING DI	RECTOR D STAFF	22b. DATE SIGNED
	22c. PHYSICIAN'S	70	22d. ADDRESS		
	NAME (Type) EDWARD J.				er Spring, Md.
230	BURIAL, CREMATION, PEROVAL (Specify) 6 ← 28 ← 67			23d. LOCATION (City or Tov	
24		GATE OF HEA		SILVER SI Y REGISTRAR 25b. RE	CRING MD.
	Diance Wall	5 3821-17 K		2 9 1997	Marley wages

	Harris Harris Harris		
1 4 4		MINITED STORY	
	TAN ANNAHO.	MALIE	A AMARINA
al alas	ACTION AND MARKET		
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	17.00		A Maria and A market
	DATE OF THE REAL PROPERTY.		
nu two way Exp	-av .s.) (ff)[		DIAMANIE BLANCKE
		J. Pionenna	
	Carlo Charles	-67 Deff Or Help	the total

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

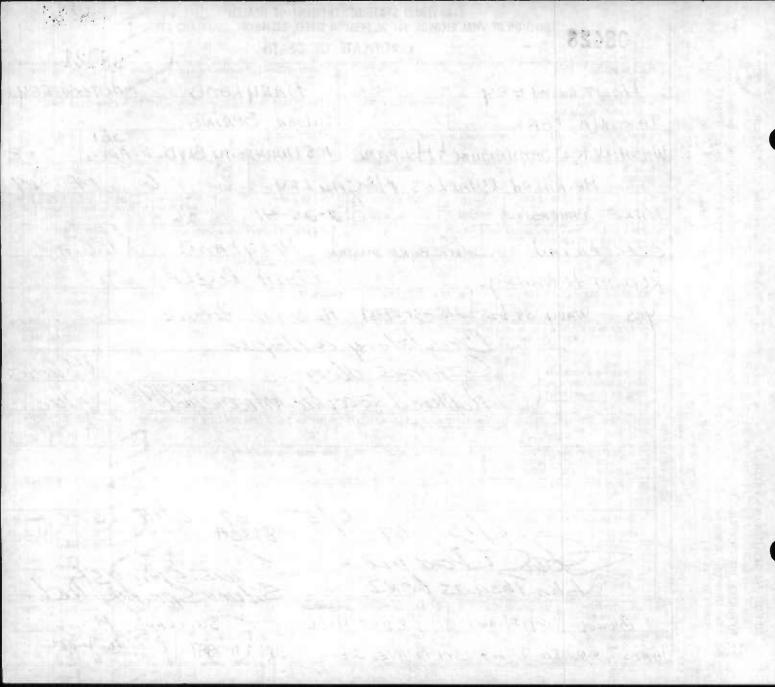
08428

CERTIFICATE OF DEATH

		807
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Res	idence before admission)
O. COUNTY HONT GOWERY MARYLAND	a. STATE B. COUNTY	DIENILERU .
b. CITY OR TOWN (If autside carparate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If adtside carparate limits, write RURAL and	give nearest tawn)
write RURAL and give negrest town)	Silver SPRING	15.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	1 constant and a cons	e. IS RESIDENCE
		ON A FARM?
JASHINGTON SANITARIUM & HOSPITAL		OF. YES NO
NAME OF DECEASED (Type or print) HR. RALPH CHARLES MC (	CAULEY. 4. DATE Manth OF DEATH	14 1967
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UN	
MALE CAUCASIAN WIDOWED DIVORCED	2-25-41   last birthday) Month	ns Days Hours Min.
a. USUAL OCCUPATION (Give kind of work dane ring most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, ar fareign cauntry) 12	COUNTRY?
ELECTRICIAN SILVER BURG ELA	TRE MARYLAND	11.5.A.
B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ROBERT HECAULEY	EDITH ROSELE	
	7. INFORMANT Address	
(es, na, ar unknown) (If yes give war, ar dates of service)  WAVU 59-62 215-38-4337	HOSPITAL REPORTE	
1 B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	THE HEALTH	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INCUITATIONS	Callance	ONSET AND DEATH
330 X DUE TO ?		1111
Canditions, if any, which gave ) (b) USHINGS	1/cer	48 hours
rise to immediate cause (a),	1 COMEURICA	
stating the underlying cause (c) Runtwed Sa	coular introcauze	1 hes.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
		PERFORMED?
20g. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURR	RED. (Enter nature of injury in Port 1 or Port 11 of item 1B.)	1 10 0
OR CONTRIBUTING □ CAUSE OF DEATH	the fact of the fa	
(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Hame, farm, 20f. (City ar town)	(County) (State)
Hour a.m. While - Nat While -	factory, street, affice bldg., etc.)	(coonty) (sinte)
p.m. 19 at wark 🗀 at wark		
21. I certify that (I) (this hospital) oftended the deceased from		196 /that (1) (we) las
	that death occurred at 30 AM, from couses and a	
220. SIGNATURE	ATTENDING MED. STAFF	. DATE SIGNED
That Pord ass	M.D. PHYS. DIRECTOR PHYS.	
NAME (Type John Thomas GORD	22d. ADDRESS 1015 5 pring	Still
3g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY . 23d. LOCATION (City or Town)	(County) (State)
REMOVAL (Specify)	HILL SUITLAND.	MD
24. FUNERAL DIRECTOR ADDRESS	250 REC'D BY REGISTRAR 25b REGISTRAL	S'S SIGNATURE
AMES T. RYAN, INC. St. 9008. 317 P.A. AVE., S	E. JAN 16 1967 Jolian	es judge
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	VC7   WALLET TO 1001	0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please reprove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in provevent, within 72 haurs after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67



# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	08429	CERTIFICAT	E OF DEATH	08424
	1. PLACE OF DEATH  o. COUNTY  MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if o. STATE MARYLAND	institution: Residence before odmission) b. COUNTY MONTG
	b. CITY OR TOWN (If autside corparate li write RURAL and give nearest tawn) SPENCERVILLE		c. CITY OR TOWN (If outside carparate limits, w	rite RURAL and give nearest tawn)
	d. NAME OF HOSPITAL OR INSTITUTION (I		d. STREET ADDRESS  15739 GOOD HOPE ROAL	e. IS RESIDEN ON A FARI YES NO
0	3. NAME OF DECEASED (Type or print) Jason	First Middle	Last 4. DATE OF	Manth Day Year
	S. SEX 6. COLOR OR RACE  Mele NEGRO	7. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In y last birth 82	ears IF UNDER 1 YEAR IF UNDER 24
	10a. USUAL OCCUPATION (Give kind af work do during most of working life, even if retired) LABORER	one 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Caunty & State, or foreign cauntry GEROGIA	y) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME UNKNOWN		14. MOTHER'S MAIDEN NAME UNKNOWN	
	15. WAS DECEASED EVER IN U.S. ARMED FORCI (Yes, no, or unknown) (If yes give wor or dot	es of service) 16. SOCIAL SECURITY NO. 17. 212–14–3852	INFORMANT	Address
	Canditians, if any, which gave	a The A	Connary Edema heaft failu and Cardio-vase	interval betwoods and dea
2	200. ACCIDENT WAS UNDERLYING	to Cerebra	THE TERMINAL DISEASE CONDITION GIVEN IN PART  Combose  (Enter nature of injury in Port I or Port II of them	VA) YES NO
	20c. TIME OF INJURY Month, Doy, Year		ACE OF INJURY (Home, form, tory, street, affice bldg., etc.)	own) (County) (St
	p.m.	naspinal) attended the deceased fram_	an death accurred at 3 Med.  ATTENDING MED.  PHYS.  22d. ADDRESS	auses and an the date stated of 22b. DATE SIGNED
R	230. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24. FUNERAL DIRECTOR	THEREOF 23c. NAME OF CEMETERY OR  ASH MEMOR ADDRESS	TAL CEM. SANDY	

within 24 haurs after death.

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician.

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter deat Page 4 may be retained by the hospital or attending physician.

TO FINNERAL DIRECTOR: After this certificate has been staned by the attending physician and completely filled in by the funeral

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	PLACE OF DEATH			Where deceased lived,		ce befare admission) /
	a. COUNTY	MADNI AND	a. STATE		b. COUNTY	/
	BIOTH UP CHIEF Y	MARYLAND	Washington			
	b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF S write RURAL and give nearest town)	TAY IN 16	c. CITY OR TOWN (If a	utside carparate limits,	write RURAL and give	nearest tawn)
-	Pakoma Park	TE	Washingto	on D C		473
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address		A CIDEET ADDDECC			e. IS RESIDENCE
	a. trine of host the on his morney (if has in haspital, give shoot dades.	,	7 / adas	no		ON A FARM?
	Washington Sanitarium and Hospit	al	A September 1	Street		YES NO
3.	NAME OF . First / Middle		Last	4. DATE	Month	Day Year
	DECEASED Joseph 7. (Type or pint)	2.0		OF DEATH Turn		19 67
_	SEX 6. COLOR OR RACE 7. MARRIED NEVER MA		inberg B. DATE OF BIRTH	9. AGE (In	vegrs   IF UNDER 1	()/
٥.	The second secon		. DAIL OF DIKITI	last bir		Days Hours Min.
Н	male white WIDOWED XX DIV	DR CED	5-25-91	7007	Yrs.	
	. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS	OR		& State, or fareign coun		TIZEN OF WHAT
	ing most of working life, even if retired) INDUSTRY					UNTRY? 1/SA
	etired electrician U.S. Gout.		Washing		LAm	erica 4271
	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
1	Adam Meinberg		Mary La P	ort.		
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY	NO 17 I	NFORMANT	<del></del>	Address	-
(Y	es, no, or unknown) (If yes give war or dates of service)	M	Page Ca	76	16 Georgia	2 Avenue N
	ves ArmyWWI 578-58-23	12 113	3353335	1334e Wa	shington_	D C
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)			4	,	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:		1	1 - >	2 1 1 1	ONSET AND DEATH
	IMMEDIATE CAUSE (a) Careino	ma of	Jama	en co	recovered	190
	/ D / X DUE TO	0				
	Canditians, if any, which gave ) (b)					
	rise to immediate cause (a), stating the underlying cause DUE TO					
	last. (c)					
	/ (/				- 1/ 1	19. WAS AUTOPSY
×	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	RELATED TO	HE TERMINAL DISEASE CO	INDITION GIVEN IN PAR	1 1(a)	PERFORMED?
ATI						YES NO P
F	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJU	RY OCCURRED.	Enter nature of injury in	Part I ar Part II of iter	m 18.)	
CERTIFICATION	OR CONTRIBUTING  CAUSE OF DEATH				,,	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED	20e. PLA	E OF INJURY (Hame, fare	m, 20f. (City ar	tawn) (Cou	unty) (Stote)
WE	Hour a.m. 19 While Not While at work at work	TI TOCT	ary, street, office bldg., etc.	)	1	
		and from	119	196/tn 6	/2 10	1 9 har (11) ( was la
	21. I certify that (1) (this hospital) artended the decea	sed Hom			, 19	(a) that (I) (we) la
	sow/the deceased alive on 0/1/6/19	, and that	death accurred at	A-IVI, Irom		he date stated abov
	22a. SIGNATURE		ATTENDING 🔥	Men CT	AFF 22b. D/	ATE SIGNED
	alignand (//wed	M.D	PHYS.		irs. 1 June	2. 1967
	22c. PHYSICIAN'S		22d. ADDRESS			9 / / / /
	NAME (Type) Raymond O. West			ersity Blue	155	S Md
			071 00000	stated proper	(., 0.	0.0 114.
230		CEMETERY OR	CREMATORY .	23d. LOCATION (	City ar Tawn)	(County) (State)
R.	REMOVAL (Specify)  June 6, 1967 Mt. O.	limat C	emeteru	100 16:	t 1	
	I. FUNERAL DIRECTOR ADDRESS	wer (		D BY REGISTRAR	2Sb. 'REGISTRAR'S S	GNATURE.
C	Glen Lagter, Colon Caty 8434 Ge	orgia A			THE THE P. LEWIS CO. L.	les Judge
lk	rner E. Pumphrey. Inc. Silver Sn		d DATE	UN 8 196		00

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e. IS RESIDENCE ON A FARM?

Year

IF UNDER 24 HRS

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INTERVAL BETWEEN

ONSET AND DEATH

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PERFORMED? NO

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(County)

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CERTIFICATE OF DEATH 08431 funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND lease remave carbon papers. Pages I and in any event, within 72 haurs after AFROLL by the f Pages b. CITY OR TOWN (If autside carparate limits LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and/give negrest flown) min. filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 70 enno campletely fi 3. NAME OF First Middle 4. DATE Manth DECEASED (Type or pnnt) DEATH SEX 6. COLOR OR RACE D'ATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED **NEVER MARRIED** last birthday) Manths DIVORCED WIDOWED and 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) physician c during most of working life, even if retired) **INDUSTRY** ARYLAND None 13. FATHER'S NAME MOTHER'S MAIDEN NAME burial, crematian, ar remava attending permit. The death IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates af service requires that the 18. CAUSE OF DEATH (Enter only one couse per line for (o), signed by the burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) be retained by the haspital ar attending physician. Canditians, if any, which gove rise to immediate cause (o), DUF TO stoting the underlying cause TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar ta last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ATTENDING PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or tawn) Hour a.m. While Nat While factory, street, office blda., etc.) at work at work 21. I certify that &F (this attended the deceased fram 38 M 6/ and that death accurred at om causes and an the date stated abave. saw the deceased alive an 22a. SIGNATURE 22b. DATE/SIGNED ATTENDING MED. DIRECTOR M.D. PHYS. 22c. PHYSICIAN'S HOSPITAL NAME (Type 23o. BURIAL CREMATION NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) DATE THEREOF EMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) MARYLAND CITY OR TOWN (if autside carparate limits, write RURAL and give nearest town) (If autode carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) NO Z NAME OF 4. DATE First Manth Last Day DECEASED 0F 1967 (Type or print) DEATH 9. AGE (In years IF UNDER 24 HRS SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdoy) Manths Hours Days WIDOWED 2 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (If yes give war ar dates af service 18. CAUSE OF DEATH (Enter only one couse per line for (a), NTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), DUF TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CERTIFICATION YES NO 2Da. ACCIDENT WAS UNDERLYING (Enter nature of injury in Part I or Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or tawn) (County) 2Dc. TIME OF INJURY Month, Day, Year (State) factory, street, affice bldg., etc.) Not While ot work at wark 21. I certify that (I) (this haspital) attended the deceased fram. 1967, and that death occurred at 1/3376M, from causes and on the date stated obove. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR Joseph Gawler'

ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter death by the funeral Pages 1 and ve carbon popers. Pagevent, within 72 hours filled in I completely remove attending physicion permit. Then pleose or remova the buriol-tronsit signed by buriol, a the has been Health prior to 10 FUNERAL DIRECTOR: After this certificate detached director, poge 3 should be filed v O HOSPITAL

VR A15 (4) 25M 1/67

## FOR STATE DEPT.

001.22

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages Tand 2 with the State Department of Health priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. PM3. Pobe any delay necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. I TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If 5 may be retained far yaur files.

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Ĩ	PLACE OF DEATH				here deceosed lived, if institu	tian: Residence befor	re odmission)
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ť	b. CITY OR JOWN (If autside	e parate limits.	LENGTH OF STAY IN 15		side carparate limits, write RL	IRAL and give neares	st tawn)
1.	write ROKAL and give no	earest tawn)	Dia	Baithers	1		15 1
1	A NAME OF HOSPITAL OR IN	NSTITUTION (If nat in haspital,	nive street address)	d. STREET ADDRESS	ory .		e. IS RESIDENCE
	DAME OF HOSPITAL OR IT	ASTITUTION (IT hat in haspital,	give street address)	1/2/ 3	70	2 -	ON A EARM?
E	Juburban 1	HOS/1+21		4366. 6	JIAMOND H	VE.	YES NO
3	NAME OF	First	Middle	Last	4. DATE Mor	ith Doy	Year
	(Type or print)	usene.	lownsend 1	nitchell!	OF DEATH Freen	2	1967
5	. SEX 6. COL	OR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE in years	IF UNDER 1 YEAR	IE UNDER 24 HRS.
1	m/z, ILL	Ritz) WIDOWED	DIVORCED	3/8/34	algst birthday)	Manths Days	Haurs Min.
1	Da. USUAL OCCUPATION (Give ki	ind of work done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (State of		12. CITIZEN OF	E WHAT
d	uring mass of working life, ever		NDUSTRY St	1 9 Yisain	via "	59 UNTRY?	80
-	3. FATHER'S NAME	mop Vic	Heway Stores	14. MOTHER'S MAIDEN N	AME O	1 06.20	7.CC.
1'	S. PATRICK STRAME	m.+ 1 11		14. MOTHER S MAIDEN N			
-	O Yugh	Milchekk	)	Madel	, layne		
	S. WAS DECEASED FVFR IN U.S. Yes, pa, or unknown (If yes g	ive war ar dates of service)		NFORMANT	Addi	ess	
	200	12/	7-32-1320 4	like-Kult			
		iter only ane cause per line for	r (a), (b), and (c).)	0			ERVAL BETWEEN
	PART I. DEATH WAS	CAUSED BY: MMEDIATE CAUSE (a) Ca.	rdiac tamponade			<b>S</b> N	ISET AND DEATH
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9	Canditians, if ony, which	gove) (b) Du	e to perforation	has extros and	left atrium		
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Ш		/ (0)			NITION OUVEN IN DART 1/-	19.	WAS AUTOPSY
3	PART II. UTHER SIGNIFICAT	AL CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO 1	HE TERMINAL DISEASE CONL	JIIION GIVEN IN PAKT 1(0)		PEREORMED?
CEPTICICATION						У	ES X NO
TIE	20o. EXTERNAL CAUSE WAS PRIMARY 2 or CONTRIBUTE		ESCRIBE HOW INJURY OCCURRED.	^			
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MEDICAL	20c. TIME OF INJURY Mai	,,	NJURY OCCURRED 20e. PLA	E OE INJURY (Home, farm,	20f. (City or tawn)	(County)	(State)
ME	1.2.05 n.m.	12 1967 While	Nat While at wark	ary, street, office bldg., etc.)	Gaithersb	org Mont	to Mel.
		/	mains described abave, he				in my apinian
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	ACTUAL (	Jelan B 1	3 00	ACCIETANT ANDRE			22. DATE SIGNED
	SIGNATURE	tolen - 2. 1°	soll	M.D.	EXAMINER \$ 6/	2/17	
	EXAMINER'S NAME (Type)	hn G. Ball -	-7936 Old Geor	retown Roa	dry to Bethesda.	Marylan	ıd
7	3a. BURIAL, (REMATION,	23b. DATE THEREOE	23c. NAME OF CEMETERY OR		23d. LOCATION (City or To		
ľ	BREMOVAL (Specify)	6/5/67	Parklawn Cer		Rockville,		Md.
$\vdash$						EGISTRAR'S SIGNATUI	
1	Tyson Wheele	r Funeral Ho		rille Pike		Warles	
11			Pockerilla	Managada	1001	- LUN	Xunday.

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CERTIFICATE OF DEATH

1.	PLACE OF DEATH	- t				2. USUAL RESIDENCE (No. STATE Mary:		ived, if institution b. COUN	on: Residence	e before oc	dmission)	/
		ntgomery		MARYL		11						
	write RURAL and	If outside corporate limi give nearest tawn) thesda	TS,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If ou		mits, write kuk	AL and give	negrest to	wnj	
				12 days		Annaj	OTIS			02.	RESIDEN	ICE.
		AL OR INSTITUTION (If r		al, give street address)				<b>C</b> 1		0	N A FARM	W?
		val Hospita		*****		***************************************	iddings			YES		IXI
3.	NAME OF DECEASED (Type or print) G	erry Ellis	irst Monro	Middle		Lost	4. DATE OF DEATH	Month June		Day	Year 1967	
S.	SEX	6. COLOR OR RACE	7. MARRII	ED NEVER MARRIED		B. DATE OF BIRTH		GE (In years st birthday)	IF UNDER 1		UNDER 24	HRS. Min.
	Male	Cauc	WIDOW	ED DIVORCED		3 June 1967	10	yrs.	Months OO	15 H	lours	WIII.
du	o. USUAL OCCUPATION ring mast af warking . FATHER'S NAME	(Give kind of work done life, even if retired)	e 10b	KIND OF BUSINESS OR INDUSTRY	1	11. BIRTHPLACE (County  Anne Arund  14. MOTHER'S MAIDEN	del, Mar		12. CITI COU	ZEN OF WINTRY? U.S.	HAT	
		Eugene Moni	200			Mayrl J.						
is (Y		R IN U.S. ARMED FORCES' (If yes give war or dotes		16. SOCIAL SECURITY NO. None		NFORMANT egory G. Mon	30	l Gidde				
	7547 Conditions, if any rise to immediat stoting the unde last.	, which gave e cause (o), rlying cause	(b) CC (b) CC E TO	racheo-esopha piration pne ongenital Hea altiple conge	rt I	nitis Disease al Anomalies	3			I 10 W	CAUTOR	v
CATION	PART II. OTHER SI	GNIFICANT CONDITIONS		IG TO DEATH BUT NOT RELA						YES [	S AUTOPS FORMED? NO	?
MEDICAL CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b.	. DESCRIBE HOW INJURY OCC	URRED.	(Enter noture of injury in	Part I or Port II o	of item 1B.)			THE	
MEDICA	20c. TIME OF INJ Haur a.i	10	W	d. INJURY OCCURRED hile Nat While wark at work		CE OF INJURY (Home, form ary, street, office bldg., etc.)		ty or town)	(Cou	nty)	(Sto	te)
	21. I certi	fy that (t) (this ha	spital) att 17 Jun	rended the deceased f	ram' nd tha	5 June , 1 t death occurred af	9 <u>67</u> , to 1 5;45PM, fi	7 June rom causes of	, 19 <u>_6</u> and on th	7, that e date s	(IX (we tated o	) las ibave
	22a. SIGNATURE		1. Si	vanger	M.I		MED. DIRECTOR	STAFF PHYS.		TE SIGNED Tune	1967	
	22c. PHYSICIAN'S NAME (Type		F. SW	ANGER, MC US			lospital			Mary	land	
23	o. BURIAL, CREMATION REMOVAL (Specify BULLIAL)		9-67		adem	y Cemetery	Anna	ON (City or Tovapolis,	Mary		(Stat	e)
2 R3	4. FUNERAL DIRECTO	John M. T	aylor	& Son DORESS 1	Md. Ann		BY REGISTRAR		GISTRAR'S SI		116.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion ond completely while in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours of VR A15 (4) 20 M 1/66

n by the funerol frs. Pages T and 2 2 hours after death

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY a. STATE , 2, anu PM3. Page a. COUNTY af mont toomer MONTGOINERY MARYLAND b. CITY OR TOWN (If autside carparete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town)

S./UER S.DEINUC

d. NAME OF HOSPITAL OR (NSTITUTION (If nat in haspital, give street address) Siber d. STREET ADDRESS e. IS RESIDENCE ON A FARM? e, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2 farwarded ta the Chief Medical Examiner's Office alang with farm haurs ROSS NO. This certificate shauld be executed within 24 haurs after death. NAME OF Last 4. DATE Year within 72, DECEASED DOOR C 1967 (Type ar print) DEATH IF UNDER 1 YEAR 5. SEX DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED Months MALE WhITE event pages land 2 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY TAXICAB 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME \_ File 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, or Inknawn) (If yes give war or dates af service) remayal DORISB. MOORE 2a, ted ABOUE INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Interction Acute-ONSET AND DEATH PART I. DEATH WAS CAUSED BY Myocardial gr IMMEDIATE CAUSE (a) crematian, DUE TO Coronary occlusion. Aute -Conditions, if any, which gave rise ta immediate cause (a) **DUE TO** stating the underlying cause used as burial, c WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO its designated agent, priar ta should be 20g. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY 
ar CONTRIBUTING CAUSE OF DEATH. 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Nat While may be retained far yaur FUNERAL DIRECTOR: Page at wark Inquiry X 21. I certify that I took charge of the remains described above, held an Autapsy Inspection , and in my opinion Undetermined manner the funeral directar. death resulted fram: Natural causes X. Suicide [ Homicide Accident | CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE S may be 1 TO FUNERAL Health ar i DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, tawn, ar caunty 23c. NAME OF CEMETERY OR CREMATORY
Washington National Cem. 23b. DATE THEREOF 23d. LOCATION (City ar Town) (County) 23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial Suitland, Md. 12 Jun 1967 24. FUNERAL DIRECTOR 7400 Georgia Ave Rinaldi Funeral Home, Inc. Wash., D.C

VR A15ME (5)

Myse englast Interested Action Enough of the way well John to Boll Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0843	G		CERTIF	ICATE	OF DEATH			08	3431
1. PLACE OF DEATH a. COUNTY	lontgomery		MAR)	YLAND	2. USUAL RESIDENCE (W STATE Virginia	/here deceased live	b. COUNTY		admission
	(If outside corparote limits, id give nearest town) (Rural)		c. LENGTH OF STAY		c. CITY OR TOWN (If out		its, write RURAL ar	nd give neorest	town)
	TAL OR INSTITUTION (If not i	n hospitol, gi	ve street oddress)		d. STREET ADDRESS 823 Empres	s Court			IS RESIDENCE ON A FARM? ES NO &
3. NAME OF DECEASED (Type or print)	First Luc	у	Middle Cutts	.0	Moore Lost	4. DATE OF DEATH	Month June	Day 17	Year 19 67
S. SEX Female	6. COLOR OR RACE	. MARRIED [	NEVER MARRIED DIVORCE		Feb.22 1920	last		INDER 1 YEAR Inths Days	Haurs Min.
10a. USUAL OCCUPATIO during most of working Housewif			ID OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County &	Stote, or foreign of Massachu		12. CITIZEN OF V COUNTRY?	WHAT
13. FATHER'S NAME  E. F. C	utts				14. MOTHER'S MAIDEN N  E. Rile	IAME			
15. WAS DECEASED EV (Yes, no, ar unknawn) NO	ER IN U.S. ARMED FORCES? (If yes give war ar dotes of s	ervice	0CIAL SECURITY NO. 0-18-7985		mond A. Moo	re	523drEmp	ress Co dria. Va	ourt,
Canditians, if on rise ta immedio stoting the undulast.	y, which gove (b)		trating C	arcin	oma of Hypo	pharynx		ONSE	T AND DEATH
ATION ATION	IGNIFICANT CONDITIONS <u>CON</u>						``	19. V P YES	VAS AUTOPSY PERFORMED?
OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING □ G □ CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DES	CRIBE HOW INJURY O	CCURRED. (	Enter nature af injury in F	Part I ar Part II af	item 1B.)		
Hour a.	JURY Month, Day, Yeor .m. 19	20d. IN. While ot wark	JURY OCCURRED  Nat While at work		E OF INJURY (Hame, farm, ory, street, office bldg., etc.)	, 20f. (City	ar tawn)	(Caunty)	(State)
21. I cert saw the c 22a. SIGNATURE 22c. PHYSICIAN' NAME (Typ	D. Blo	the 17	1967.	fram_A and that M.D	ATTENDING PHYS. 22d. ADDRESS	7:55 M, fra AM  MED.  DIRECTOR	m causes and	an the date 2b. DATE SIGNED	stated abay
230. BURIAL, CREMATI	ON, 23b. DATE THERE	of la	23c. NAME OF CEM		rematory tional	23d. LOCATION	(City or Town)	(Caunty)	(Stote)
Chapel, 52	OR Demaine Me	morial ton St	.,Alexand	ria,		BY REGISTRAR 2 1 196	7 your	AR'S SIGNATURE	rage.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remaye-carbon papers. Pages 3 shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, fithin 72 haurs after deat Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66

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Francis H. Barber

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1	10	PLACE OF DEATH  O. COUNTY  MONOGOM				/LAND	2. USUAL RESIDENCE O. STATE	and.	b. COU	NTY /	10	+	in)
		b. CITY OR TOWN If outside write RURAL and give recommended to the commendation of the	PARIZ	in hospital, giv	c. LENGTH OF STAY I		c. CITY OR TOWN(IF of Washing d. STREET ADDRESS	outside corporote	limits, write RU		15	. IS RESID	DENCE
1	3. N	Washington	0.1	neium	Hospit &	m	Lost	4. DATE	Mon	th		ON A FA	NO NO
	S. S	DECEASED (Type or print) SEX 6. CO	LOR OR RACE		Esti	В	MORRIS DATE OF BIRTH		AGE (In yeors lost birthdoy)	IF UNDER 1	YEAR Doys	IF UNDER Hours	67 24 HRS. Min.
	10o. durii	USUAL OCCUPATION (Give and most of working life, even		10b. KINI	D OF BUSINESS OR USTRY		11. BIRTHPLACE (Count	y & State, or forei	gn country)		ZEN OF NTRY?	WHAT	a
		FATHER'S NAME  MIHON  WAS DECEASED EVER IN U.S.	A. MORE		OCIAL SECURITY NO.	17.	14. MOTHER'S MAIDEN		iza Addr		Jone	s	-6
	(Yes	WAS DECEASED EVER IN U.S. s, no for unknown) (If yes unkn	nter only one couse	per line for (c	.9-01-8131 o), (b), ond (c).)	w	S. H Rec	ends				RVAL BET	
		4201 Conditions, if ony, which	MMEDIATE CAUSE (o  DUE TO  gove ) (h	A		ARR	CARDIAL	_ INF	PARCT	-	11	-hr	2
		rise to immediate cous stating the underlying lost.	e (o), couse DUE TO	LEF	T SIDE	00	CHE'S	Coron	MRY			241	-1
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	MEDICAL CERTI	OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICA 20c. TIME OF INJURY MG	SE OF DEATH L EXAMINER)		URY OCCURRED	20e. PLAC	E OF INJURY (Home, for	m, 20f.	(City or town)	(Cou	inty)	(1	Stote)
	MEE			While of work	ed the deceased	from_/	ry, street, office bldg., et	19_67, to	/3	demag 6	2, th	at (1) <del>(</del> 4	<del>we)</del> la
		saw the decease	d olive on 1	3 Jun	32l	and that M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DA	-		7
,	220		OHN L	0412	S FOR	TERV OR O	JOILVE	R SF	RING	5- n	10.	BLU	10.
		BURIAL (CREMATION, REMOVAL (Specify)	6-15-		Layt	onsv:		1	TION (City or To	ville	(County)	d.	tote)
1	24.	Francis H.	Barber	T.avto	ADDRESS	Md.	250 RE	N BY RESISTING	67 25h/E	SUSTRAPLY A	GNATUR	to the same	

Laytonsville, Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detoched far use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or remove find in ony event, within 72 hours after death. Poge 4 may be retained by the hospital or attending physician.

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

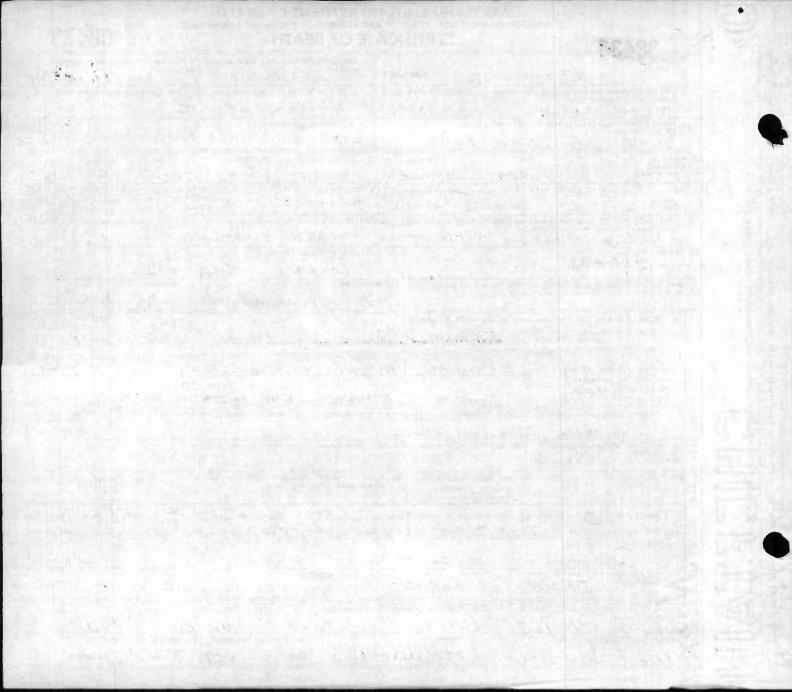
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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Page 4	N. P.	page 3 shauld be defached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2. July be filled-with the State Board of Health prior to burial, cremation, or remard, and in any event, within 72 hours offer death.	
r death	unerol director.	vid be fill	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be refouned. In haspital or attending physician.  TO FUNERAL DIRECT After this certificate has been signed by the attending physician and campletely filled in the property of the control of the con	page 3 should be defached for use as the burial-transit permit. Then please remove carban papers. Pages I the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours offer death.	1
O HOSPI	o FUNER	page 3 s the State	۵,
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1	- IXX					
	L COUNTY	IONTGOME	RY MARYLAND	2. USUAL RESIDENCE (Where a. STATE	e deceased lived. If institution b. COUNTY	Residence befare admission)  MONT GOMERY
	b. CITY OR TOWN (IF RURAL and give new	outside carporote limits, wr prest tawn) SRRING	c. LENGTH OF STAY IN 16		side carporate limits, write RUI	RAL and give nearest town)
		Reoute VILL		d. STREET ADDRESS 8925 BROO	ISVILLE ROAD	e. IS RESIDENCE ON A FARM? YES NO LE
	NAME OF DECEASED (Type ar print)	First	Middle RT HARVEY	MORSE	DATE Manth OF DEATH  JU(V	/
S. S	MALE	_	MARRIED MEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 4-118/189		FUNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
10a	during mast af warki	ng life, even if retired)	106. KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME ROB	ERT MOR	rse I	14. MOTHER'S MAIDEN NAM	ARMSTR	20× G
		IN U. S. ARMED FORCES? f yes, give war or dates of service)		URS, EMMA	MORSE /	45 ABOVE
MEDICAL CERTIFICATION	PART I. DEAT  Canditians, if an gave rise ta im cause (a), stating t lying cause last.  PART II. OTH  PART II. OTH  20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY /	H WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  y, which he under:  ER SIGNIFICANT CONDITION  S UNDERLYING   20b.   CAUSE OF DEATH MEDICAL EXAMINER   Wanth, Day, Year 20	GENETR AZ ATIONS CONTRIBUTING TO DEATH BUT  ARCTION CHRONE  DESCRIBE HOW INJURY OCCURRE  Dd. INJURY OCCURRED 200. PL	THEROSC LEROY, NOT RELATED TO THE TERMINA	ROSCLEROSIS  NOCUDING  MESENTERIA  AL DISEASE CONDITION GIVE	S YEARS  RIERY 10 YEARS
	saw the decease		7 19 67, and that o	M.D. ATTENDING MED DIRE	A, fram the causes and	1967, that (1) we) last an the date stated above.  22b. DATE 6/4/67  5 (LVER SPRING M
230	BURIAL, CREMATION BEMOVAL (Specify)	6/10/67		em. fark	3d. LOCATION (City, town, or Layel,	Md.
14	ober L	Survelen	Pockrelle	MO, DATE NO	100	rar's signature

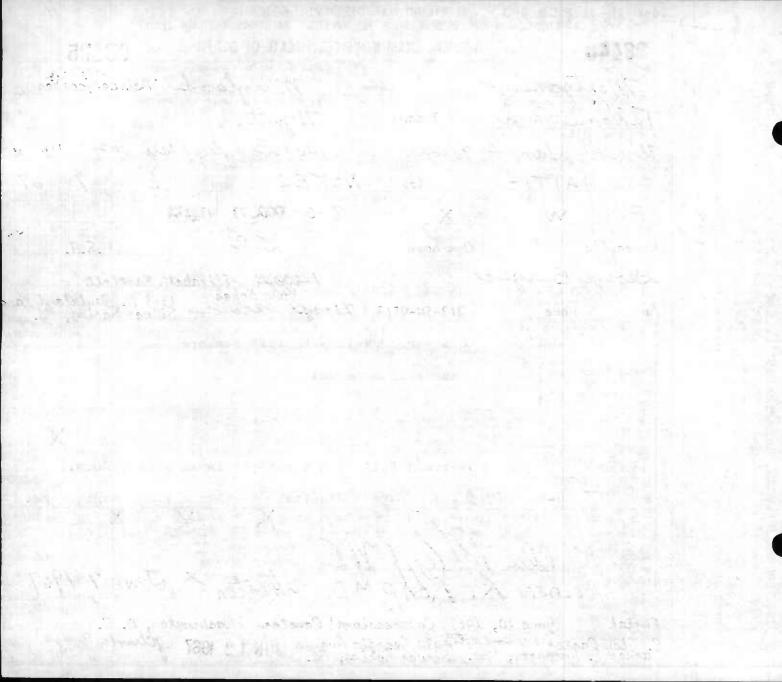


MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

I Land		08433	CERTIFICATE	OF DEATH	98	234
by the funeral Pages   And Pag		PLACE OF DEATH D. COUNTY		2. USUAL RESIDENCE (Where d	eceosed lived, if institution: Residence b. COUNTY	before odmission)
ges Julier affer		D. CITY OR TOWN (If outside corporate linkits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside co	rporote limits, write RURAL ond give r	nearest town)
n by the s. Page hours		write RURAL and give nearest town)	1 mo.	Wheato	N 13	T e. IS RESIDENCE
filled in papers. thin 72 ha	R	A NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS	enmont Cicle	ON A FARM? YES NO
= -=		NAME OF First	Middle	Lost 4. DA	ATE Month	Day Year
campletely ove carbon events	S.	(Type or print) Honakam	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years   IF UNDER 1 Y	YEAR   IF UNDER 24 HRS.
Y PES		///	WIDOWED DIVORCED	5/21/1885	82 Yrs.	Days Hours Min.
ician and lease rem and in an	dur	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired).	10b. KIND OF BUSINESS OR INDUSTRY Coal Co.	11. BTRTHPLACE (County & State,	COLIN	ZEN OF WHAT
hysici n ple val, a	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME  Pannie Bres		
attending physician permit. Then please ian, ar remaval, and is	15.	WAS DEFEASED EVER IN ILS ARMED FORCES?	JA SOCIAL SECURITY NO. 17.		113 Chelmsford Re	ad
attendin ermit. In, ar re	(Ye	(If yes give wor or dates of se	100	seph Moser Ro	ckville, Marylan	<u>d</u>
an. by the att		18. CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	My Carelol	Inford		ONSET AND DEATH
sician sician al-tra		H201 DUE TO	Parera	~ Outo E	Turnlow	mater
requires ig physici n signed e burial-la o burial-la		rise to immediate cause (o), stating the underlying couse	Callada	0 7	C-la osi	15 lus
tending as been as the prior to		PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY
icate hat ficate hat far use Health	CERTIFICATION					PERFORMED? YES NO
spital spital ed far		20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I o	r Part II of item 18.)	
this cetach	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour a.m.	While Not While fac	CE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town) (Coun	ity) (State)
After the State of St	<	p.m. 19 21. 1 certify that (I) (this hospite	at work U at work U	5/25 ,1967	1, to 6/20 , 196	Z, that (I) (we) lost
retained ret		sow the deceosed olive on	14 June 1967, and the	والملاي	22b. DAT	
DIRECTOR ge 3 shau led with th		Meeter L.	Whit M.	D. PHYS. DIRECT  22d ADDRESS	OR PHYS. D 200	fees 67
		22c. PHYSICIAN'S' NAME (Type) Merton L. U	hite	120 AUKESS	corres and for	la tentel.
ge ge red red	230	BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREO	OF 23c. NAME OF CEMETERY OR 1967 Parkalun Cen		d. LOCATION (City or Town) (Cockville, Marylan	County) (State)
	24	7	Smith 434 Georgia A	2Sa. REC'D BY RE	GISTRAR 2Sb. REGISTRAR'S SIG	GNATURE
VR A15 (4) 20 M 1/66	60	arner L. Pumphrey, In	c. Silver Spring,	Md. DATUN 2	6 1967 Polianles	1 Judge

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1	4	te	ms 18-21 Film 390 7-13-67 ams DIVISION OF	MARYLAND STATE DEP VITAL RECORDS, 301 W. PRESTO	ARTMENT OF HEALTH ON STREET, BALTIMORE, MARYLAND	21201
FOR ST	TATE .		08440		CERTIFICATE OF DEATH	08435
HEALTH ∴ £ 8	DEPT.		LACE OF DEATH COUNTY ON TAOMERY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, o. STAIL Maryland	if institution: Residence before admission) b. COUNTY Prince Georges
y detoy is and 3 to PM3. Page	T I	l 	CITY OR TOWN (If outlide corporate limits, write agral and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our the corporate limits,	write RURAL and give nearest town)
F (2)	the Stote Deportm	-		hospitol, give street address)	d. STREET ADDRESS 1409 Landen U	Pay 702   e. IS RESIDENCE ON A FARM? YES NO DE
ofter death. If 6 8. Give Poges 1, along with farm	he Stot		AME OF ECEASED HATTIE	Middle G. N	OKES OF DEATH	Month Doy Year 7 1967
s ofter 18. Giv along	E.	S. :	EX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In 8 – 6 – 700 73 93 14 14 14	years IF UNDER 1 YEAR IF UNDER 24 HRS. Holday) Months Doys Hours Min.
I within 24 haurs ofter death. I n pencil in Item 18. Give Poges Exominer's Office along with fat	ED	duri	USUAL OCCUPATION (Give kind of work done ig most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
within 2 pencil ir xominer	poo		FATHER'S NAME George Burges	2	14. MOTHER'S MAIDEN NAME  FROM SOLVER ELIZABE	th Routlatt
	72 T	15. (Ye	WAS DECEASED VER IN U.S. ARMED FORCES? , no, or unknown) (If yes, give wor or dotes of se		INFORMANT John Nokes Losp. record	Address N. Paulkland Lan Silver Spring Md
be "pe	tronsit		IB. CAUSE OF DEATH (Enter only one couse part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO	per line for (o), (b), and (c).)	l with left temporal	INTERVAL BETWEEN ONSET AND DEATH
certificate should writing the word rworded to the Cl	os a buriol and in any		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.		toma	
s certif e, writi forwor	used ovol,	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a)   19. WAS AUTOPSY PERFORMED?   YES   NO
MINER: This the certificate, 4 should be fo	5 5	CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY II OF CONTRIBUTING ☐ CAUSE OF DEATH.		(Enter noture of injury in Port I or Port II of ite rom stretcher in Eme	
EXAMINER: cute the certions oge 4 should	± ∞ ±	MEDICAL	750 Hour one p.m. 6-4 19 6'	7 Od. INJURY OCCURRED 20e. PL While Not While of work of work	ACE OF INJURY (Home, form, cory, street, office bldg., etc.)  Hospital Takoma	
MEDICAL EXA	ECTOR: Po Euriol, cr		21. I certify that I took charge of death resulted from: Natural of	of the remoins described obove, h		Inquiry , ond in my opinion
EPUTY MEDICA Issary, please ex funeral director.	RAL DIREC		ACTUAL SIGNATURE	Kleap, Uk.	CHIEF MEDICAL EXAMINER ASSISTANT, MEDICAL EXAMINER	22. DATE SIGNED
O DEPUTY necessary, the funeral	may be retoined for your FUNERAL DIRECTOR: Page saith prior to buriol, crema		EXAMINER'S BELDEN /	K. KOAPM.	DEPUTY MEDICAL EXAMINER Address College, gry nown, or county	
TO D	TO FUNE Health	1	BURIAL (REMATION, 23b. DATE THEREO (DATE THEREO) (DATE THEREO)	OF 23%. NAME OF CEMETERY OF 1967 Congression	al Cemetery Washing	
	15ME (5) 1/67	24	FUNERAL DIRECTOR CYCEN Barner E. Pumphrey, S	Carter 8434 Georgia	Avenue 250. REC'D BY REGISTRAR DUN 12 1967	Clarles Jusque



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	0844	i b		CERTIF		OF DEATH				3438	
-	PLACE OF DEATH o. COUNTY			*******	YLAND	2. USUAL RESIDENCE (V o. STATE Mary	land	b. (OU	Montgo	omery	ion)
	b. CITY OR TOWN	Montgomery  (If outside corporate limit ond give neorest town)	5,	c. LENGTH OF STAY	IN 1b	. CITY OR TOWN (If ou	tside corporote	imits, write RU	RAL ond give ned	arest town)	
	Silver	Spring	MILE X	3 days		Wheat	ton		15.1		
	d. NAME OF HOS	PITAL OR INSTITUTION (If no	ot in hospital, gi	ve street oddress)		d. STREET ADDRESS					FARM?
The same	Holy C	ross Hospita	1			12021 Vi	ers Mil			1	NO oc
	NAME OF DECEASED (Type or print)	Fi	rd S. No	Middle orth		Lost	4. DATE OF DEATH	June June		9, 19	ear 67
S.	SEX	6. COLOR OR RACE White		NEVER MARRIES  DIVORCE		10-22-97	9. A	GE (In years ost birthdoy) 69 Yrs.	Months Doy	ys Hours	ER 24 HRS Min.
100 dų	LISTIAL OCCUPATI	ION (Give kind of work done ing life, even if retired) Loker & Real	10b. KIN	D OF BUSINESS OR USTRY		11. BIRTHPLACE (County Pennsylva			12. CITIZEN	OF WHAT	
13.	FATHER'S NAME					4. MOTHER'S MAIDEN	NAME				
	Villiam	EVER IN U.S. ARMED FORCES?	14.5	OCIAL SECURITY NO.	17 IN	ORMANT	Condugit	Adde	ress	-	
(Y	es, no, or unknow	n) (If yes give wor or dotes	of service)t	7-14-2863	9da	12	021 Vie Wheaton	rs Mil	l Road land		
	1B. CAUSE OF PART I. C	DEATH (Enter only one co DEATH WAS CAUSED BY:	/ 1	(o), (b), and (a).)	0.14	ast h	rilen	0,		ONSET AND	
	421	/ IMMEDIATE CAUSE	(o)	6.1	1	7	1/		William F	110	
1	Conditions, if o	iny, which gove	(b)	afic	lo	ello f	1enos	is		484	2
		nderlying couse DUI	E 10 (c)								
1	PART II. OTHER	R SIGNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RE	FLATED TO TH	TERMINAL DISEASE CO	NDITION GIVEN	N PART 1(o)		19. WAS AU PERFOR	
NOIL				O DENTIL DOT NOT NE						YES	NO 🛭
CERTIFICATION	20o. ACCIDENT	WAS UNDERLYING  ING CAUSE OF DEATH IF MEDICAL EXAMINER)				nter noture of injury in					
MEDICAL CERTIFICATION	20o. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING  ING CAUSE OF DEATH IFY MEDICAL EXAMINER) INJURY Month, Doy, Yeor	20b. DES	SCRIBE HOW INJURY C	OCCURRED. (E		Port I or Port II		(County	YES	(Stote)
MEDICAL CERTIFICATION	20o. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT 20c. TIME OF Hour	WAS UNDERLYING ING ING ING ING ING ING ING ING ING	205. DES	JURY OCCURRED  Not While of work	20e. PLACE foctor	OF INJURY (Home, for,	Port   or Port    n,   20f. (	of item 18.) City or town)	(County	YES	(Stote)
MEDICAL CERTIFICATION	20o. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT 20c. TIME OF Hour	WAS UNDERLYING ING ING ING ING ING ING ING ING ING	205. DES	JURY OCCURRED  Not While of work	20e. PLACE foctor	OF INJURY (Home, form, street, office bldg., etc.	Port   or Port    n,   20f. (	of item 18.) City or town)	(County	YES, that (I) date state	(Stote)
MEDICAL CERTIFICATION	20o. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT 20c. TIME OF Hour 21. I ce saw the	WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER) INJURY Month, Doy, Yeor o.m. p.m. 19 Intify that (I) (this ho	205. DES	JURY OCCURRED  Not While of work led the deceased 1900, 1900	OCCURRED. (EI	OF INJURY (Home, forry, street, office bldg., etc.	Port I or Port II  n, 20f. (  19	of item 18.)  City or town)  frapt causes  STAFF PHYS.	(County,	, that (I) date state	(Stote)
WEDICAL	20o. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT 20c. TIME OF Hour 21. I ce saw the 22o. SIGNATU	WAS UNDERLYING ING ICAUSE OF DEATH IFFY MEDICAL EXAMINER) INJURY Month, Doy, Yeor o.m. 19 Priffy tha (I) (this ho e declased plive an IRE ANS POBLET ANS	20d. IN While of work spital often	JURY OCCURRED  Not While of work  ded the deceased  19 5 7,	20e. PLACE foctor and that M.D.	OF INJURY (Home, forry, street, office bldg., etc., death accurred at ATTENDING PHYS.	Port I or Port II  m, 20f. (  1966, to  MED.  DIRECTOR  23d. LOCA	of item 18.)  City or town)  frage (cayses)  STAFF PHYS.  Rd., Ro	(County)	, that (I) date state state, Md.	(Stote)

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08442	CERTIFICATE	OF DEATH		08437
	PLACE OF DEATH O. COUNTY  Montaome	er ()/ MARYLAND	a. STATE Was his	deceased lived, if institution: Resident b. COUNTY	dence befare admission)
-	b. CITY DR TDWN (If autside carporate limits, write RURAL and give nearest town)	CHENGTH OF STAY IN 16	c. CITY DR TDWN (If outside Washing	conforate limits, write RURAL and a	give neorest tawn)
(	d. NAME OF HOSPITAL DR INSTITUTION (If not in ho Washington S	spital, give street address)	d. STREET ADDRESS	lumbia Rd 1	e. IS RESIDENCE ON A FARM? YES NO
(	NAME OF DECEASED (Type or print) First		O'Brien	DATE Month OF DEATH June	Day Year 1967
F	emale white wio	OWED DIVORCED	1-3-83	lost birthday) Months	
duri	ing most of working life, even if retired) Kearstered Nurse	10b. KIND OF BUSINESS OR INDUSTRY	Virginta		COUNTRY2
	FATHERS NAME  Edward B. O'B  WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	Martha Martha NFORMANT	June Grac	e
(Ye	(If yes give war ar dates of service	9)	Hospital	Records	
	1B. CAUSE OF OEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a)   DUE TO	line for (a), (b), and (c).)	prembers!		INTERVAL BETWEEN ONSET AND DEATH
1	Canditions, if any, which gave nise to immediate cause (a), stating the underlying cause last.  (b)	Chefund ,	enemper	livalo.	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBI	UTING TO DEATH BUT NOT RELATED TO THE MELLIN 2016. DESCRIBE HOW INJURY OCCURRED.	à		19. WAS AUTOPSY PERFORMED? YES NO
AL CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour o.m. p.m. 19	While Not While of work factor	E OF INJURY (Hame, form, ary, street, affice bldg., etc.)		County) (State)
	21. I certify that (H) (this haspital) saw the deceased alive an	attended the deceased fram	ATTENDING - MED.	STAFF C	16万, that 数 (we) last the date stated abave. DATE SIGNED
230	NAME (Type)  BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(Caunty) (State)
24	June.17.	1967 St. Marys Cen	250. REC'D BY	REGISTRAR _ 2SbREGISTRAR'S	SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fameral directar, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 hours after death should be filed with the State Dept. at Health prior to burial, crematian, ar removel, and sevent, within 72 hours after death.

directar, page 3 should be detached far use as the burial-transit permit. Then should be filed with the State Dept. af Health prior to burial, crematian, ar removal

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	N.	STATISTICS SALED
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	Lind ivani	
<b>美丽文学</b> 园 计交流设备		NAME OF BRIDE

	IIII/III I EVII O	SATIR PART AND	C 2 1 4 5 1 4 5	AL LIFTERIL	
DIVISION OF VITAL	L RECORDS, 301	W. PRESTON	STREET,	BALTIMORE, MARYLA	ND 21201

FOR STATE	08443	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	SCACO TO
HEALTH DEPT.	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased live	d, if institution: Residence before damission)
of g to	a. COUNTY Montgonze	r y MARYLAND	a. STATE Mary land.	b. COUNTY Montgingery
Po Po	b. CITY OR TOWN (If outside corporate lim		c. CITY OF TOWN (If outside corporate limit	
del M3.	write RURAL and give nearest tawn)			1 T
P. P	d. NAME OF HOSPITAL OR INSTITUTION (IF	7.	Tensing for	13.1
Dep Dep			d. STREET ADDRESS	ON A FARM?
ath. If any delay ages 1, 2, and 3 wages 1, 2, and 3 with form PM3. Possible Deportment	· Cedar Lane.		4402 6dgEjielo	Kd YES NO
w we de	3. NAME OF DECEASED (Type or print) Henney	First Middle Middle O	Callegia J. DEATH	June 2 1967
ofter 8. Givo olong with tl	S. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE	In years IF UNDER 1 YEAR IF UNDER 24 H
hours o Item 18. Office of	W. W.	WIDOWED DIVORCED D	1/28141	oirthdoy) Months Doys Hours M
4 = 0 = 1	10o. USUAL OCCUPATION (Give kind af wark dan during mast of warking life, even if retired) <b>Typewriter repai</b>	INDUSTRY	11. BIRTHPLACE (Stote ar fareign country)	12. CITIZEN OF WHAT
S ge	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
I within 2 n pencil i Examiner File page: 2 hours et	Edwin Ol	allaghon, Ir	Elizabeth (	
2 7. /	15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, na, or unknown) (If yes give wor or dotes	of service) 6. SOCIAL SECURITY MO. 17.	NFORMANI Father Win O'Callaghan	Same as Item 2.
Id be execute rd "pending" Chief Medical -tronsit permit.	No KXXXXXXXX	OSOCIAL LANCE	will o Callagnan	I INTERVAL DEPARE
f N	18. CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY:	buse per line far (a), (b), and (c).)	Total C. Lan	INTERVAL BETWEEN ONSET, AND DEATH
should be e the word "per to the Chief I burial-tronsit	IMMEDIATE CAUS		Jury Severe-	Sigaro
ould word he Cl		E TO		
shou e wo o the ourial	Canditians, if any, which gave nise to immediate couse (a),	(b)		
the state of the s	stating the underlying cause (	E TO		
ficat ing rded as as	last.	(c)		
This certificate should tote, writing the word be forworded to the Clabe used as a burial-tremoval, and in any ex	PART II. OTHER SIGNIFICANT CONDITIONS  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING  CAUSE OF DEATH	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN P.	ART 1(0)  19. WAS AUTOPSY PERFORMED? YES NO
This cote to be for the form	20o. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Part II af i	tem 18.)
R: Tertific	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	1 action tot	of corde un drive	- + stopack THILITE
NE NE Ce		20d. INJURY OCCURRED > 20e. PLA	ICE OF INJURY (Hame, farm, 20f. (City	or tawn) (County) (State
A s the state of t	Hour wen.	While Not While fac	tory, street, office bldg., etc.)	
EXAMINE the cender the center the	1/00 p.m. 6/12 17			sington Mont. Ma
AI EXAMINER execute the cer cer Poge 4 shou if for your files. TOR: Poge 3 shouriel, cremotion,		ge of the remoins described above, he		], Inquiry 🔀, and in my opin
	death resulted from: Natu	ral causes 🔲 , Accident 🔀 , Sui	cide 🔲, Hamicide 🔲, Undeter	mined manner 🗌
o b	0	. 0 00	CHIEF MEDICAL EXAMINER	
Ple de la	ACTUAL SIGNATURE	n 15. 1214	M.D. ASSISTANT MEDICAL EXAMINER .	22. DATE SIGN
O DEPUTY MEDIT necessory, pleose the funeral direct 5 may be retaine 0 FUNERAL DIREC Health prior to bu	EXAMINER'S TOHN	G. BALL	DEPUTY MEDICAL EXAMINER	6/3/67 Bethesda, Md.
ecesso ecesso he fun may FUNE eolth				
U # O C # O	23o. BURIAL, CREMATION, 23b. DATE T REMOVAL (Specify)			(City or Town) (Caunty) (State)
- IMI	Burial 6-5-6	57 Ft. Lincolr	Cemetery Prince 250. REC'D BY REGISTRAR	George County, M
VR A15ME (5)	24. FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY REGISTRAR	
6M 1/67	ROBERT A. PUMPHI	REY, Bethesda, Mar	yland DATE IN 8 196	7 Ochonia Judal

TO DEPUTY MEDI

Managaract Acostophic 5 (1.5 A . 16 b = 2) N 12 15 C 1491 35 Head Injust Some Lest control of 1 31 for mording + 51400 1 19 11 11 11 The transmission years x . To Electronic was to Orton to Bell × 6/3/5 The factor of the angle of the contract of the safige in. or bearing, Berhands, it was miderated that he bearing

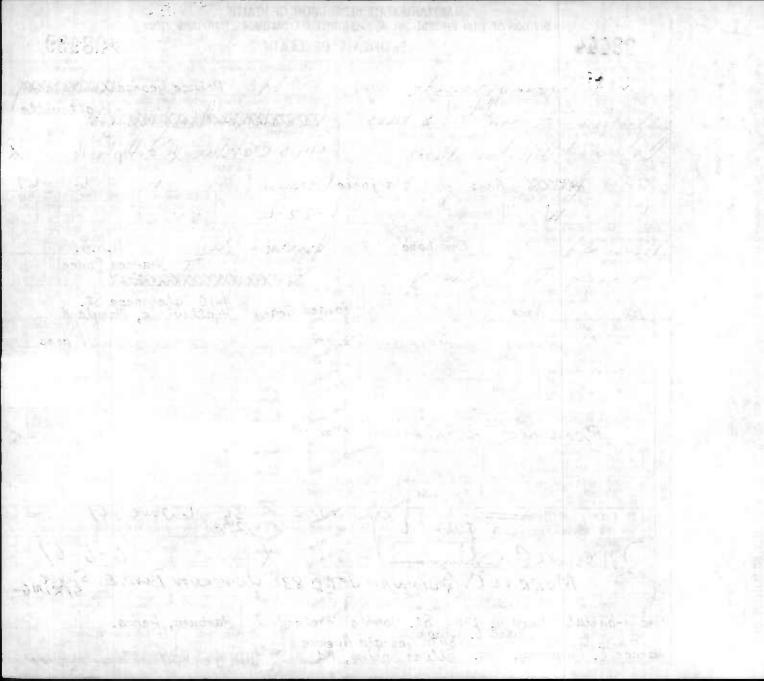
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ORLLL

02/129

00444	CEKTIFICAT	E OF DEATH		00200
1. PLACE OF DEATH	<b>L</b> : \		e deceased lived, if institution:	
a. COUNTY Plantamu	MARYLAND WARYLAND	O. STATE W.	Prince George	
b. CITY OR TOWN (If autside corporate	limits, laby to C LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	carparate limits, write RURAL	and give nearest town)
Write RURAL and give nearest tow	Marino 5 mos	MAXISTORXXXXXXXX	SCHOOL SC	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	(If nat in haspital, give street address)	d. STREET ADDRESS	H di	May e. IS RESIDENCE ON A FARM?
Vill wind all	allow. House	1410 Od/	f. from alls	WALLE NO NO
3. NAME OF DECEASED	First Middle	Last 4.	DATE Manth	Day Year
(Type or print)	Anna Marjori	e Usman	DEATH O	6 1967
S. SEX 6. COLOR OR RAI		B. DATE OF BIRTH		FUNDER 1 YEAR   IF UNDER 24 HI Months Days Hours Mi
L M	WIDOWED DIVORCED	1-22-12	55 yrs.	10 CITIZEN OF WHAT
10a. USUAL OCCUPATION (Give kind af wark during mast af warking life_even if retired)	dane 10b. KIND OF BUSINESS OR NDUSTRY Own home	11. BIRTHPLACE (County & Sto		12. CITIZEN OF WHAT COUNTRY?
House wife	Own riome	14. MOTHER'S MAIDEN NAME	ya.	^
D. VAILLES WAME	Wand !	14. MOTHER'S MAIDEN WANTE	France	ces Jones
IS. WAS DECEASED EVER IN U.S. ARMED FO	RCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	SA/
(Yes, na, or unknawn) (If yes give war or	dates of service)	dward Geary	4410 Ogletho	rpe St.
184	ne cause per line for (a), (b), and (c).)	geary	Ayalisville,	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	GLINDIAST	MA		PONSET AND DEATH
1939	DUE TO			
Canditians, if any, which gave ) rise to immediate cause (a),	(b)			
stating the underlying cause	DUE TO			100
last.	(c)			Tra was sure new
PART II. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
PROBABA			1 - D-AH-('A 10)	YES NO
PROBABO  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  O		. (Enter nature at injury in Par	I ar Part II at Item 18.)	
I LIFETTHER, NOTIFI MEDICAL EXAMINER		ACE OF INJURY (Hame, farm,	20f. (City ar town)	(Caunty) (State
Haur a.m.	While Nat While fo	ctary, street, affice bldg., etc.)	2011 (011)	(5.0.0)
p.m. 21. I certify that (1) (this	di waik — di waik —	JUNE 196	6- to 6 JUNE	_, 1967, that (I) (we)
saw the deceased alive		at death occurred at/2	AM, from causes an	d an the date stated ab
22a. SIGNATURE -	2 - 7 - %	ATTENDING A MED	CTAFE	22b DATE SIGNED / 1
Morrill (	· Sunnan for M	I.D. PHYS. DIRE	CTOR STAFF PHYS.	6-6-61
22c. PHYSICIAN'S NAME (Type) MORA	OLLIC DILLAMON JON JA	P. MD 831 UN	WERSITY BLUS	O. E. SILVER.
				SPRING
DEMONIAL IC I )	TE THEREOF 23c. NAME OF CEMETERY OF		23d. LOCATION (City or Town)	
Trans-burial Ju  24. FLINERAL DIRECTOR	LOAKE & WAADAADARESS	Cemetery 250. REC'D BY	REGISTRAR 1 256 REGIS	TRAR'S SIGNATURE
Clauseon un	8434 Georgia A	Nenue DATE 1110	ZJU. KEUIS	and a south of the
Warner (. Pumphre	1. Inc. Silver Spring,	I'ld   DAIL	19. 19.7	Thanks, and all

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 havrs after death. Page 4 may be retained by the heavily or attendion physician.

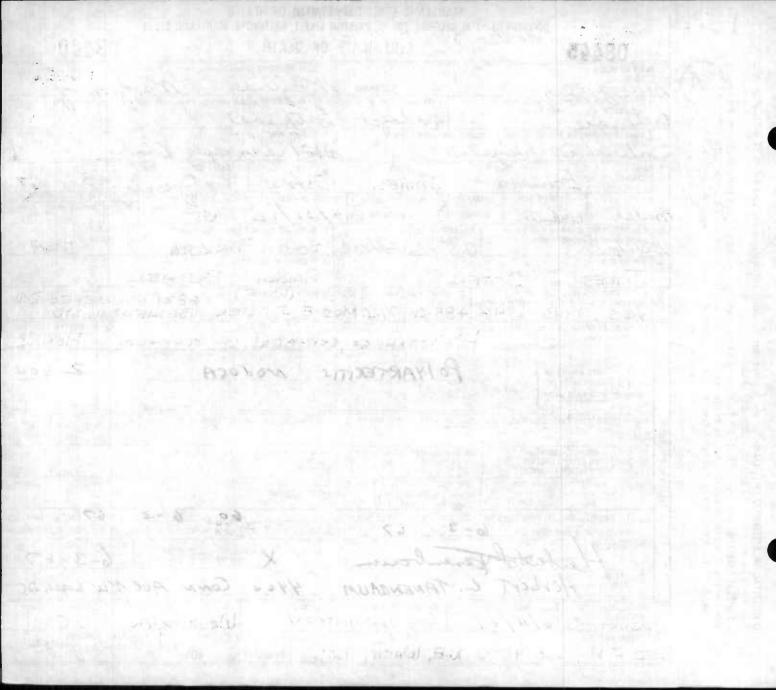


ESTON STREET, BALTIMORE, MARYLAND 21201

	38445	CERTIFICATI	OF DEATH		08440
1. PLACE	E OF DEATH		2. USUAL RESIDENCE (Wh	nere deceosed lived, if institution: Re	sidence before admissian)
10	ontrom GRW	MARYLAND	Baryland	/ Mank	mery
P. CII	Y OR OWN (If autside forporate limits, rite, RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CUY OR JOWN (If autsi	ide corparate limits, write RURAL mo	d give neores (own)
d NA	ME OF HOSPITAL OR INSTITUTION (If not in	posnital give street address	d. STREET ADDRESS		e. IS RESIDENCE
Su	burban Hesp	tal	1662 19-11	inepeg Road	ON A FARM? YES NO
3. NAMI DECE (Type		JAMES	OSTEN	4. DATE Month OF DEATH UNE	Day Year 3 1967
S. SEX	/	MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. ACE In years IF Ut fast birthday) Man	NDER 1 YEAR IF UNDER 24 HRS. ths Days Haurs Min.
during me	AL OCCUPATION (Give kind of work done pst at working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County &	100	2. CITIZEN OF WHAT COUNTRY?
12 EATH	HER'S NAME	U.S. HIR TORCE	14. MOTHER'S MAIDEN NA	DAKOTA	USA
13. 1811		EN	SARAH	BEMEL	
	S DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT (WIFE	Address	JNEPEG RO.
(res, na	ar unknown) (If yes give war ar dates of sen	485-05-9926 M	RS E. J. 081	TEN BEHES	DA, MD
18.	CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:		500000		INTERVAL BETWEEN
	MMEDIATE CAUSE (a) _ US 6 X DUE TO	Hemorninge.	EGISSPICK!	SPOWTAWEOUS	10000
	ditions, if ony, which gove ) (b)	POLYARTERIA	r's rod	05A	2 405
	ta immediate cause (a), DUE TO				
last.	, 14-				
NO PAR	RT II. OTHER SIGNIFICANT CONDITIONS <u>CONTR</u>	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
S OR (	ACCIDENT WAS UNDERLYING  CONTRIBUTING  CAUSE OF DEATH ONLY OF THE CONTRIBUTION OF THE	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Pa	rt I ar Part fl of item 18.)	
WEDICAL 20c.	. TIME OF INJURY Month, Day, Year Haur'a.m. p.m. 19		ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	20f. (City ar town)	(County) (State)
	21. I certify that (I) (this haspital saw the deceased alive an		it death occurred of		19 <b>67</b> , that (I) (we) last
220	signature for head of	Ferenbaum M			b. DATE SIGNED
220	NAME (Type) Herbert	L. TANENBAUM	22d. ADDRESS 440 0	CONN AVE 1	VW WASH DC.
REA	RIAL, CREMATION, MOVAL (Specify)  EMATION  6 4 6	23c. NAME OF CEMETERY OR  ZEE CREMI		23d. LOCATION (City or Town)	(County) (State)
	NERAL DIRECTOR	ADDRESS	2Sa. REC'D E	BY REGISTRAR 296. REGISTRA	AR'S SIGNATURE
LEE	F. H. 300 9 1 4	ST. N.F. WASH, T	DATE UN	6 1967	wes judges

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth. Page 4 may be retained by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and incompressity within 72 hours affected.



DI

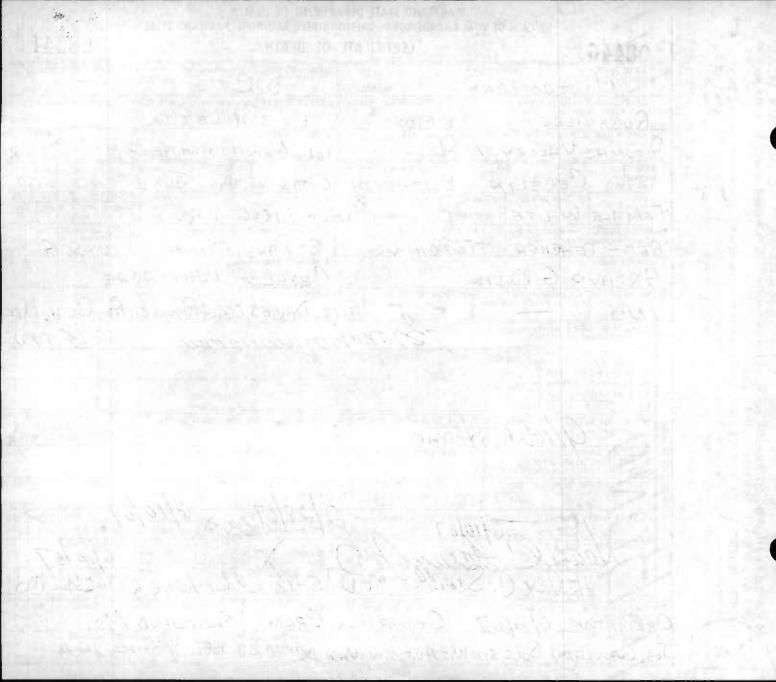
	MARYLAND	STATE DEPAR	RTMENT OF	HEALTH	
VISION OF VITA	AL RECORDS, 30	1 W. PRESTON	STREET, BALT	TIMORE, MARYLAND	2120

	08446	CERTIFICATE	OF DEATH		08441
1.	PLACE OF DEATH O. COUNTY MONTGOMERY	MARYLAND	o. STATE D. C	ere deceosed lived, if institution: Re b. COUNTY	/
	mite RURAL and give nearest town)	OF STAY IN 16		de corporate limits, write RURAL and	47:3
6	A NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street of	ddress)	d. STREET ADDRESS	HAMPSHIRE, N.	e. 15 RESIDENCE ON A FARM? YES NO
	DECEASED (Type or print) CECELIA EL12	Widdle ABETH	OTIS	4. DATE Month OF DEATH JUNE	Doy Year 10, 1967
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVE	R MARRIED B.  DIVORCED  B.	DATE OF BIRTH 7, 1886	lost birthdoy) Mont	
du	o. USUAL OCCUPATION (Give kind of work done imports of working life, even if retired)  FOR THE PROPERTY OF T	VESS OR	11. BIRTHPLACE (County & S 57. PAUL 14. MOTHER'S MAIDEN NAI	MINN.	2. CITIZEN OF WHAT COUNTRY?
0	ARTHUR G. OTIS		CECELIA	WHITACR	E
	. WAS DECEASED EYER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of service)	RITY NO. 17. IN ELI	Z. DAVIES.	GG24 RANNOEH	BETH, MD.
	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) operation of the part I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  USE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  (c)	Honch	opueur	uonià	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	-	IE TERMINAL DISEASE CONDI		19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 20d. INJURY OCCUI	hile factor	OF INJURY (Home, farm, y, street, affice bldg., etc.)	20f. (City or town)	(County) (Stote)
	21. I certify that (I) (this hospital) attended the d saw the deceased alive an alive of the deceased alive and the deceased alive ali		death accurred at	But My fram causes and a	n the date stated abave.
	220. SIGNATURE ACTURES	6 pung	PHYS. LX DI	ED. STAFF 22 RECTOR PHYS. 22	61067
	PHYSICIAN'S NAME (Type) ENRY C. SCRUGG	8 M.D	34/3°C	edar hane Be	thesda md.
0	REMOVAL (Specify) N 6/6/67 CE	AE OF CEMETERY OR CR	CREM.	SUITLAND,	(County) (State)
5		DRESS ENW. WAS	SIL DC DATE 2 (	y registrar 1967 y cuarl	R'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pashauld be filed with the State Dept. of Health prior to burial, crematian, ar remayal, and in an event, within 72 hours

death.



# FOR STATE HEALTH DEPT. in pencil in Item 18. Give Pages 1, 2, and 3 to any delay is PM3 5 may be retained for your files.

68

## DIVICION OF WITH DECORDS

DALTIMODE MADVIAND 21201

		DICAL EXAMINER'S			08442
	PLACE OF DEATH a. COUNTY Montgomery	MARYLAND		Where deceased lived, if instituti nsylvania <sup>b. COUN</sup>	ian: Residence befare admissian) NTY
	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)  Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital,	c. LENGTH OF STAY IN 1b	11	itside carparate limits, write RUF delphia	75.3
1	Holy Cross Hospital	give short dadass,		nshawe St	ON A FARM? YES NO
3.	NAME OF First DECEASED (Type or print) Alice	Middle none	Oxman	4. DATE Mont OF 6	Day Year - 9 19 67
	female 6. COLOR OR RACE 7. MARRIED WIDOWED		8. DATE OF BIRTH  1-1-X8X8	9. AGE (In years last birthday)	Manths Days Haurs Min.
du	ring mast of warking life, even if retired) NOUSEWLIE	KIND OF BUSINESS OR NDUSTRY		parre, Pa.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13.	Barnett Cohen		14. MOTHER'S MAIDEN	NAME Sarah Cohen	
(Y	(as no or unknown). After service)	. SOCIAL SECURITY NO. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	INFORMANT Benjamin	Oxman (hush	ishawe Stalpa.
	18. CAUSE OF DEATH (Enter only one cause per line fo PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	or (a), (b), and (c).) or onary I.	nsufficer	cy Acute	INTERVAL BETWEEN ONSET AND DEATH
	1/2/3/	ardio Vas			years
	last. (c)				
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION		DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Haur a.m. 19 20d. Whill		ACE OF INJURY (Hame, farm tary, street, office bldg., etc.		(Caunty) (State)
	21. 1 certify that I taak charge of the redeath resulted fram: Natural couses [		eld an Autapsy, cide, Hamicide CHIEF MEDICAL	Undetermined m	uiry 🔀, and in my apinio nanner 🗌
	ACTUAL SIGNATURE Juhn 95.	Ball		DICAL EXAMINER [ ]	10/67 . 22. DATE SIGNE
	NAME (Type) John G. Ball			t, city, tawn, ar caunty)	

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS 3501-14th JONECA St.NW, Wash.DC. DATE

23d. LOCATION (City or Town)

(State)

(County)

A15ME (5) 6M 1/67

REMOVAL (Specify)

24. FUNERAL DIRECTOR

DATE THEREOF

Bernard Danzansky & Sons

JUNE 17,196

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

please execute the certificate, writing the word "pending"

necessory,

Health prior to buriol, cremation, or removal, and in any event within 72 hours ofter death.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

Elipvijen.el THE PARTY OF THE PARTY Coronary Insufficiency Acute Cord o Year Miserie

> Dofon is Bell The Jan S. Bell Col

21. gradual . 12 ordina a Marchana branca

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08443 CERTIFICATE OF DEATH within 24 hours ofter deoth 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND onlaomer c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give peoplest town) the b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ETHESDA THESDA IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) elvetified 8706 DLD GEORGE TOWN uburban 4. DATE NAME OF Middle DECEASED OCK DEATH 196 event, (Type or print) executed IF UNDER 1 YEAR 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED lost birthdoy) and in ony WIDOWED DIVORCED ond 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) The low requires that the deoth certificate be during most of working life, even if retired) COUNTRY? Gov't Retired 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME buriol, cremation, or removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no or unknown) (If yes give wor or dotes of service) Same as Item 17-44-4829 Grace A. Pollock 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-tronsit ONSET AND DEATH Gastrointestinal hemorrhage IMMEDIATE CAUSE (o) ruptured esophageal varices Conditions, if ony, which gove rise to immediate couse (o), DUE TO has been stoting the underlying couse cirrhosis, Laennec's be detached for use as the Stote Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES -NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. Not While foctory, street, office bldg., etc.) O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from director, page 3 should should be filed with the M, from couses and on the eate stated above ond that death occurred of sow the deceosed olive on. 20196 DATE SIGNED 22o. SIGNATURE MED. DIRECTOR M.D. 22c. PHYSICIAN'S 1234 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. (Stote) Burial (Specify)

24. FUNERAL DIRECTOR

6-23-67

Monocacy Cemetery

Beallsville. Maryland

25b. REGISTRAR'S SIGNATUR 2So. REC'D BY REGISTRAR ROBERT A. PUMPHREY, Bethesda, Maryland DATUN

1977, 75			27730
		WHEN STATES	
e s lks 2.	included a const	237-44-1429	
	Amaric modern Ligar		
	people value	rupaurus een Eksterie	
x			
	ATTEM TO STATE		
senadornita, ett.	Walded Township	yanac mee - to-15-c	T TATES
	not the brokens		

-		_	
	F. HE	OF AL	
	ter death. If any delay is	Give Poges 1, 2, and 3 to	8

STATE H. DEPT. Store Deportn hours after necessory, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pag the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along with Health or its designated agent, prior to buriol, crematian, or removal, and in any event within 72 5 may be retained for your files. This certificate should be executed within 24 hours af KAL EXAMINER: TO DEPUTY ME

VR A15ME (5)

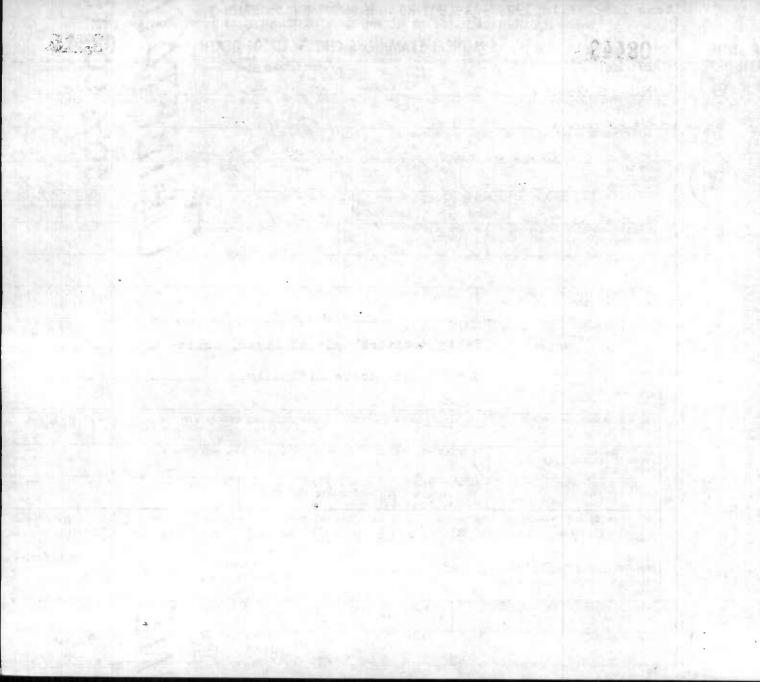
FOR STATE 0844

Ttems 18&21 film 390 7-21-MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08443 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08443

PLACE OF DEATH     O. COUNTY		2. USUAL RESIDENCE (Where dece o. STATE	osed lived, if institution: Reside b. COUNTY	nce before odmission)
MONTGOMERY	MARYLAND	MARYLAND	MONTE	OMERY
b. CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corpo	prote limits, write RURAL and giv	ve neorest town)
write RURAL and give neorest town)				
KENSINGTON		KENSINGTOI	V	15.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, giv	e street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
10003 THORN WOOD RD		10003 THORN	WOOD RD	YES NO NO
3. NAME OF First	Middle	Lost 4. DATE	Month	Doy Year
(Type or print)  DOROTHY	F	OS TEL DEAT	H June	24 1967
S. SEX 6. COLOR OR RACE 7. MARRYED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER lost birthdoy) Months	
FEMALE WHITE WIDOWED D	DIVORCED	8/12/11	55 Yrs.	Doys Hours Min.
	OF BUSINESS OR	11. BIRIHPLACE (Stote or foreign		ITIZEN OF WHAT
during most of working life, even if retired) . INDU		1		OUNTRY?
		MENNSYLV.	MINIA	U,.S,17
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	/	
GEORGEF, DEISI	ER	NELLIE V	· UENKIN.	S
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 17.	INFORMANT	Address	NASHINGTON,
(Yes, no, or unknown) (If yes give wor or dotes of service)	MIS	SEDITH WIENKIN	15-705-18"5	ST.N.W. B.C.
1B. CAUSE OF DEATH (Enter only one couse per line for (o	), (b), ond (c),)		-	INTERVAL BETWEEN
DADT I DEATH WAS CALISED BY.		-i 6 7 i		ONSET AND DEATH
IMMEDIATE CAUSE (o) Factor	y metamorphe	sis of liver,	acute-	
DUE TO				
Conditions, if ony, which gave ) (b) Chro	nic and acu	e alcoholism		
rise to immediate couse (a),				
stoting the underlying couse lost.				
, (7	0.5.7.1.0.17.1.07.051.1750.70	THE TENNEN DISCUSS CONDITION OF	VEN IN BART 1/ 1	I 10 WAS AUTODSV
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GI	VEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
AATIC				YES NO
₹ 20o. EXTERNAL CAUSE WAS 20b. DESC	RIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Po	ort II of item 18.)	
PRIMARY Or CONTRIBUTING				
	INV OCCUPACE TO A	as as much of	16':	(6)
		CE OF INJURY (Home, form, 20f. ory, street, office bldg., etc.)	(City or town) (Co	ounty) (Stote)
Hour o.m. While of work		ory, street, office blug., etc.)		
21. I certify that I taak charge of the remo		ld an Autoney   Inches	tian , Inquiry ,	and in my apinian
_				
death resulted fram: Natural causes	, Accident [], Sui		Undetermined manner L	
LACTURE O D O O	0.0	CHIEF MEDICAL EXAMINER		
SIGNATURE John 5	ell		INER 1/1/1/	22. DATE SIGNED
EXAMINER'S		DEPUTY MEDICAL EXAMINE	INER 6/26/6	7.
NAME (Type)		Address (Street, city, town	n, or county)	
23o. BURNE, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY, OR		LOCATION (City or Town)	(County) (Stote)
DESIGNATION (C. 15.)	23c. NAME GERMETERS OF	250.		(County) (Stote)
6-30-6/			(TLAND-	1.10,
24. FUNERAL DIRECTOR		SDAMD, 250. REC'D BY REGIS	TRAR 2Sh RIGISTRARY	SIGNATURE
ROBERT H. IUMPHREY 155	7 WISCONSI	VAVE. WIL 3	1967 Jane	00



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

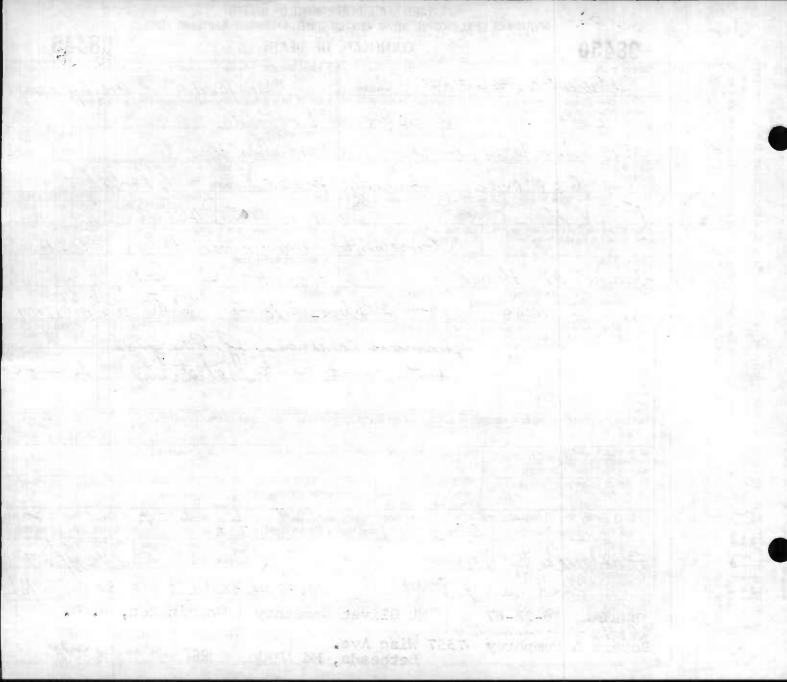
08445 08450 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town) give neorest town) arban papers. ht, within 72 ha e. IS RESIDENCE ON A FARM? and completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address d. STREET ADDRESS Sethe YES NO NAME OF DECEASED (Type or print) First. Middle DATE Month/ Year Lost Doy WORETTO DEATH 19 IF UNDER 1 YEAR n day ve S. SEX 7. MARRIED AGE (In years last birthdoy) IF UNDER 24 HRS OR' NEVER MARRIED remave Months Dovs Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. B/RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT MOUSTRY. OVER MEN during most of working life, even if retired) COUNTRY? and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or remaval, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. (If yes give war or dotes of service) (Yes, no, or unknown) 20-46-205eV INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse **DIRECTOR:** Affer this certificate has been ge 3 shauld be detached far use as the iled with the State Dept. af Health priar ta last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that (1) (this hospital) attended the deceased fram TO FUNERAL DIRECTOR: After director, page 3 shauld be shauld be filed with the St saw the deceased alive an and that death accurred at fram causes and an the date stated above 22o. SIGNATURE STAFF M.D. DIRECTOR PHYSICIAN'S ADDRESS 10400 OLIVET CEMETERY OF CREMATORY 23o. BURIAL, CREMATION. REBOVARISTONIA 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 7557 Pumphréy 1967 Bethesda, Md

be retained by the haspital ar attending physician. OR ATTENDING PHYSICIAN: The law O HOSPITAL Page 4 may VR A15 (4) 25M 1/67

after death.

within 24 haurs

requires that the death certificate be executed



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08446 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH COUNTYmonigomer CITY OR TOWN (If autside carporate lim write RURAL and give neorest town) MARYLAND delay outside carparate limits, write RURAL and give nearest town CLENGTH OF STAY IN 16 e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS to certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, should be forworded to the Chief Medical Examiner's Office along with farm NO Z Give Poges 24 haurs after death. NAME OF Year DECEASED OF DEATH 1961 (Type or print) AGE (In years lost birthdoy) IF LINDER 1 YEAR pages land 2 with NEVER MARRIED Months Doys Hours DIVORCED WIDOWED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) 75HINGTON owners 13, EATHER'S NAME executed within permit. File WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) event within INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY certificate shauld be Acute myocardial dis. 71/2 hrs IMMEDIATE CAUSE (o) \_\_\_ writing the ward DUE TO ony Yrs. Chronic myocardial dis. Conditions, if ony, which gove rise to immediate couse (o), = DUE TO stoting the underlying couse 0 Yrs. Coronary atherosclerosis SD WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) be used removol, None YES D NO the certificate, 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should 0 PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH. cremotian, (State) 20e. PLACE OF INJURY (Home, farm, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bldg., etc.) Haur o.m. Not While FUNERAL DIRECTOR: Page of work at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion deoth resulted from: Notural couses . Accident Suicide [ Undetermined monner funeral directar. Homicide CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER Heolth Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY the LOCATION (City or Town) 0 GEO. WASH. Com. VR A15ME (5)

Items 18&21 Film 390 7-21MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		CERTIFICATE	OF DEATH		1977
1. PLACE OF DEATH GOUNTY Montgomery		MARYLAND	2. USUAL RESIDENCE (Where de o. STATE Maryland	Montgomery	
b. CITY OR TOWN (If o	utside corporate limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside con		give nearest town)
	OR INSTITUTION (If not in hospir		d. STREET ADDRESS	<u> </u>	e. IS RESIDENCE
1805 Junis			1805 Junis R	oad	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Ella	Middle Draynor Ra	Lost 4. DAY OF DEA	ATH 6	Doy Year 29 1967
	. COLOR OR RACE 7. MARR	THE TEXT THURSDAY	8. DATE OF BIRTH	9. AGE (In years IFUNI lost birthdoy) Month	DER I YEAR   IF UNDER 24 H
. 21	white WIDOW		Apr 7, 1864	715.	
10o. USUAL OCCUPATION (G during most of working life 13. FATHER'S NAME	, even if retired)	b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (County & Stote, county & Stote	,,	2. CITIZEN OF WHAT COUNTRY? L.S.A.
William In	aynor		Mary Jane Chai	mpion	
1S. WAS DECEASED EVER IN			informant ura J. Renshaw	Address	s Road Marula
Conditions, if ony, we nise to immediate constants the underlyings.	ouse (o), ng couse  Out TO  (c)	ING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(o)	19. WAS AUTOPS PERFORMED?
공 PART II. OTHER SIGN.					
200. ACCIDENT WAS U	CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or	Port II of item 18.)	YES NO
WEDICAL CRITICATION OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF	CAUSE OF DEATH DICAL EXAMINER)  Month, Day, Yeor 20 19 a1	Od. INJURY OCCURRED 20e. PLA While Not While foc	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	Of. (City or town)	(County) (Sto
200. ACCIDENT WAS UIT OR CONTRIBUTING (IF EITHER, NOTIFY ME 20c. TIME OF INJURY Hour o.m. p.m.  21. I certify saw the dece	CAUSE OF DEATH DICAL EXAMINER)  Month, Day, Yeor 20 19 a1	Od. INJURY OCCURRED 20e. PLA While Not While of work for the of work tended the deceased fram_	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	ta fram causes and a	(County) (Sto
200. ACCIDENT WAS UPON CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBU	CAUSE OF DEATH DICAL EXAMINER)  Month, Day, Yeor 19 4  that (I) (this hospital) all	Od. INJURY OCCURRED While Not While twork of work of twork of the deceased fram_19_2, and that	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)  at death accurred at	ta ta M, fram causes and a	(County) (Sto
200. ACCIDENT WAS UPON CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBU	CAUSE OF DEATH DICAL EXAMINER)  Month, Day, Yeor 19  that (I) (this hospital) at eased alive an	Od. INJURY OCCURRED While Not While twork of work of twork of the deceased fram_19_2, and that	ace of Injury (Home, form, tory, street, office bldg., etc.)  at death accurred at	ta ta M, fram causes and a	(County) (Sto 1967, that (I) (we in the date stated of b. DATE SIGNED 6-29-6
200. ACCIDENT WAS UIT OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF INJURY Hour o.m. p.m.  21. I certify saw the dece 220. SIGNATURE  22c. PHYSICIAN'S	CAUSE OF DEATH DICAL EXAMINER)  Month, Day, Yeor 19  that (I) (this hospital) at eased alive an	Od. INJURY OCCURRED  While Not While of work for twork tended the deceased fram_19 27, and the form of	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)  1 death accurred at 600 directors  22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 23d	ta (City or town)  ta (M, fram causes and a STAFF 22th PHYS.	(County) (Sta 1967, that (I) (we in the date stated of b. DATE SIGNED 6-29-6

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08453	CERTIFICA	TE OF DEATH		08448
PLACE OF DEATH OCCUPITY ONLYOMERY	MARYLAND	Maryland	Montg	romery
b. CITY OR TOWN (If autside carporate li write RURAL and give nearest town) Sethesda d. NAME OF HOSPITAL OR INSTITUTION (I Suburban Hospital	7 days	Silven Spri		JRAL and give nearest tawn)    e. IS RESIDEN ON A FARM YES \ NO
NAME OF DECEASED (Type or print)	First Catherine /	PAYMOND 4	DATE Mar OF DEATH	
female 6. COLOR OR RACE white	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH Ang 20, 1889	9. AGE (In years last birthdoy)	Months Days Hours
Oa. USUAL OCCUPATION (Give kind af wark do pring mast af warking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (County & S  Baltimore,  14. MOTHER'S MAIDEN NAM	Maryland	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME Henry Schirner		Catherine N		
S. WAS DECEASED EVER IN U.S. ARMED FORCE Yes, no, or unknown) (If yes give wor or do	5? 16. SOCIAL SECURITY NO. 577-30-7227-18	7. INFORMANT George Raymon	d 313 Lexi	ington Drive
Conditions, if ony, which gave nise to immediate cause (a), stating the underlying cause last.	(b) ACUTO (c)	mocard	al lufeni	Tin 48 hrs
PART II. OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT NOT RELATED T	TO THE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(0)	19. WAS AUTOPS' PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Par	t I ar Part II af item 18.)	
20c. TIME OF INJURY Month, Day, Yea Hour a.m. p.m.		PLACE OF INJURY (Hame, farm, factary, street, office bldg., etc.)	20f. (City or town)	(County) (Stat
21. I certify that (I) (this I sow the deceased alive or	ospitol) attended the deceased fram	hat death occurred of	A, ta /AMA M, from causes	ond on the dote stoted a
22c. PHYSICIAN'S NAME (Type)	nabeller VIN WADLE	M.D. ATTENDING ME PHYS. DII	ED. STAFF RECTOR PHYS. [	226. DATE SIGNED  June 2 6, 6  Beth, M
3a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) June			23d. LOCATION (City or To Suitland, M	awn) (Caunty) (Stote
NAME (Type)  3g. BURIAL, CREMATION, 23b. DATE		OR CREMATORY  Cemetery  Averue 250. REC'D B	Suitland, MY REGISTRAR 25b. R	Mar

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

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		n u T e	Name of the second	ioni (an	COLUMN TO SEE

VR A15ME (5)

24 Jose phe Gawler & Sons

5130 Wisconsin Ave. N.W., Washington, D.C.

1867 Charles Juage

2Sb REGISTRAR'S SIGNATURE

SA T COTS OF THE SECOND SECOND SECOND SECOND 3 41. to a Take Wheltable ." "The John D. Ball A Company of the second which and the contract of the first of the contract of aro: rolwe) word 130 Especial Liver Liver D. L. . Judia poor . L. C. .

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08456	CERTIFICATE	OF DEATH		02/151
1.	PLACE OF DEATH O COUNTY Montgomery	MARYLANO	2. USUAL RESIDENCE (W. o. STATE Maryland	there deceased lived, if institution b. COUNT	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c LENGTH OF STAY IN 16 12 days	c. CITY OR TOWN (If out	tside carparate limits, write RURA hase	AL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hasp Potomac Valley Nursing	,	d. STREET ADDRESS 7009 Geo	orgia Street	e IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First OECEASED (Type or print)	Middle Willis	RILEY	4. DATE Month OF OEATH Quine	Day Year 5 19 67
S.	sex 6. COLOR OR RACE 7. MARI white W1001		b Date of Birth	9. AGE (In years last birthday) 73 yrs.	Months Days Haurs Min.
dy	a. USUAL OCCUPATION (Give kind of work done ging most of working life, even if retired)	ob. KINO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Washingto	State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
	eter Jackson Riley		14. MOTHER'S MAIDEN N Willie Turn		
IS V	WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, na, or unknown) ((If yes give war or dates af service)	16. SOCIAL SECURITY NO. 17. III. 718-14-9172 R	nformant with H. Riles	7009 Georgia 1 Chevy Chase	Street
	18. CAUSE OF DEATH (Enter only one cause per lin PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e for (a), (b), and (d).	nermin	~	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a),	seneraliza A	dostris Co	henvou	3 2225
	stating the underlying cause last.  OUE TO  (c)	midifted.			
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO T	4 4	Semplesen	19. WAS AUTOPSY PERFORMEO? YES NO
CERTIFICATION	2Dd. ACCIOENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. OESCRIBE HOW INJURY OCCURRED. (	Enter nature af injury in F	Part I ar Part II af item 1B.)	
MEDICAL	Haur a.m.		E OF INJURY (Hame, farm, ory, street, affice bldg., etc.)	, 2Df. (City or town)	(County) (State)
	21. I certify that (I) (this hospital) or saw the deceased alive an 3/3/	ttended the deceased fram_1967, and that	death accurred at		, 19 <del></del> /, that (I) ( <del>we)</del> last nd an the date stated abave.
	220. SIGNATURE	emando M.O	PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) / Alexander (	: Leonardo	22d. ADDRESS 5801 13th	St., N. W., W	shington, D.C.
	o. BURIAL, CREMATION, 23b. DATE THEREOF Pure 7, 196	1 2000 0000000	Cemetery	23d. LOCATION (City or Town Prince George	es Co. Md.
. 4	4. SUNFAL DIRECTOR CHARLES (In Car Warner E. Pumphrey, Inc.	68434 ADDRESS rgia Al Silver Spring	Md DATE JU	/ /	STRAR'S SIGNATURE

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely the in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave (carbon papers. Pages 1 and shauld be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any evant, within 72 hours after death Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

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	de P. Jacones C. 1947 Den Sei, A. L.,	

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	00/57	CERTIFICATE	OF DEATH	08	3452
	PLACE OF DEATH O. COUNTY Mon tyomery	MARYLAND	2. USUAL RESIDENCE (Where do . STATE	b. COUNTY	Montgovery
	b. CITY OR TOWN (If outside componere limits,  write RURAL and give nearest town)  JUNEAN SPANNER  d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside co	Irporote limits, write RURAL on	e. IS RESIDENCE
	Coloniac Villa Durs. Hom	e 12325 N. HAMP AVE	14.808	CArrolton	ON A FARM?  VES NO NO
	NAME OF DECEASED (Type or print)  SEX 6. COLOR OR RACE 7. MARRIET	Potter R. P	Lost 4. Do	FATH 29 June	Doy Year  19 6 1  JINDER 1 YEAR   IF UNDER 24 HRS.
	M white WIDOWEL		49 5 1891	lost birthdoy) Mor 75 yrs.	
dur		INDUSTRY ealstor	11. BIRTHPLACE (County & Stote,  AMS Lev day  14. MOTHER'S MAIDEN NAME	New YORK	COUNTRY?
	Ernest Ripley		Blanche Snyde	r	FE 750
	was DECEASED EVER IN U.S. ARMED FORCES? (If yes give wor or dates of service)	5. SOCIAL SECURITY NO. 17. II	rs. Merle Ripli	ey Rockvill	rolton Rd.
	IB. CAUSE OF DEATH (Enter only one couse per line for PART 1. DEATH WAS CAUSED BY:  1MMEDIATE CAUSE (o)  DUE TO	or (o), (b), and (c).)  Brachapt	eumonie.		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse act. (c)				
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	A		GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFI	20o. ACCIDENT WAS UNDERLYING ☐ 20b. I OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in Port I o		9-14
MEDICA	20c. TIME OF INJURY Month, Doy, Yeor 20d. Hour o.m. 19 ot w	Not While focto	E OF INJURY (Home, form, pry, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	21. I certify that (I) (this hespital) atte saw the deceased alive an 6-29.	nded the deceased from19€7, and that	6-/9 , 19() death accurred at 10:3	M, fram causes and	
ì	220. SIGNATURE A H San	atra M. M.D	. 41.0.	STAFF -	2b. DATE SIGNED 6-29-67
	22c. PHYSICIAN'S NAME (Type) R. H. Sonds	trom mz	778) Carro	11 Ave Taken	na Pank, Md
CA	D. BURIAL (REMAIION, REMOVAL (Specify)  Temation  23b. DATE THEREOF  Dune 30, 196		n Crematory 1		
(2)	UNERAD DIRECTOR	ADDRESS	2So. REC'D BY RE	EGISTRAR 2Sb. REGISTR	AR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours 10 FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely director, page 3 should be detached for use as the buriol-transit permit. Then please remove cortion should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, was Poge 4 may be retoined by the hospitol or attending physician.

thin Z2 hours after deoth.

VR A15 (4) 25M 1/67

THE REPORT OF THE PROPERTY. ab. Zall who seem on the seem of the seem The colour of th the interest of the 

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH . COUNTY e. STATE 20 1 onomeru ( ountu MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) --Silver Spring Runal Ulney within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS 12728 Gould Road Sharon Nursino, Home 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) lizabeth Bentnico Robertson DEATH carbo 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3 B. DATE OF BIRTH pue enale auc WIDOWED TO DIVORCED T remove 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Statistical
13. FATHER'S NAME Georgia please 14. MOTHER'S MAIDEN NAME Wesley Henley Mary Forsuthe removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I 17. INFORMANT (Yes, no, or unkown) [ (Ifyes give wer or detes of service) 7-60-2664 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), aftending physici PART I. DEATH WAS CAUSED BY: signed cremation, IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), steting the undarlying the ceuse lest. certificate Se o CERTIFICATION USB 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Pert I or Pert II of item 18.) Health OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ! 20f. (City or town) 90 factory, straet, office bldg., atc.) Hour a.m. While Not While at work et work 19 D.m. 21. I certify that (I) (this hospital) attended the deceased from 0. TO DIREC State saw the deceased alive on.... .....190......, and that death occurred at .... 22a. SIGNATURE ATTENDING MED. STAFF eath. Page 4 HOSPITAL page with t DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS filed , NAME (Type) L g g 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Trans-burial Macon. 25a, REC'D BY REGISTRAR

2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) b. COUNTY ontcomenii c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) . IS RESIDENCE ON A FARM? YES NOWY Month Dey V.o. une 19 67 AGE (In yeers LIF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Days 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! ount Address INTERVAL BETWEEN CALSETOAND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED (County) (State) A, from the causes and on the date stated above. DATE SIGNED (Stete) (City, town on county) Georgia 25b. REGISTRAR'S SIGNATURE

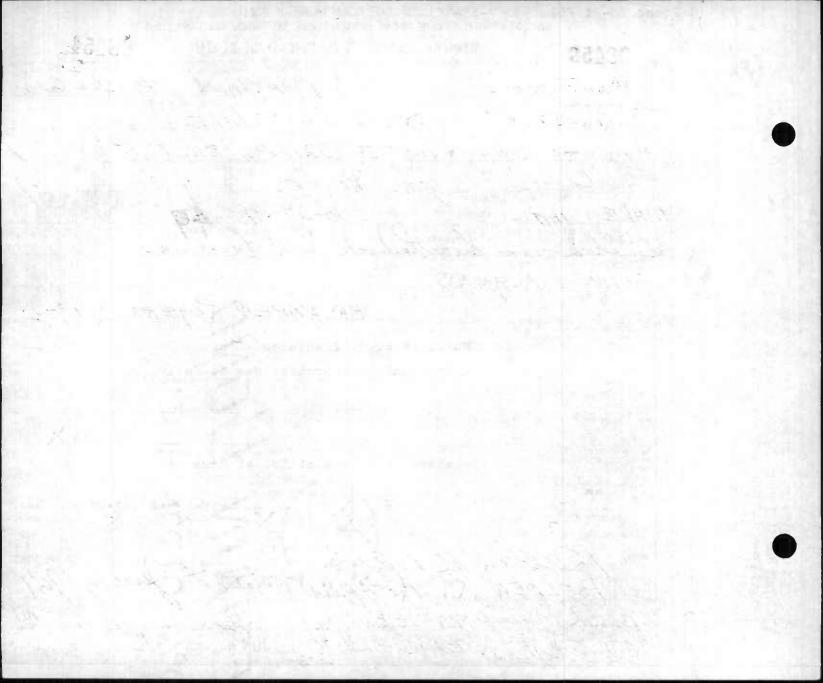
MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 5-63

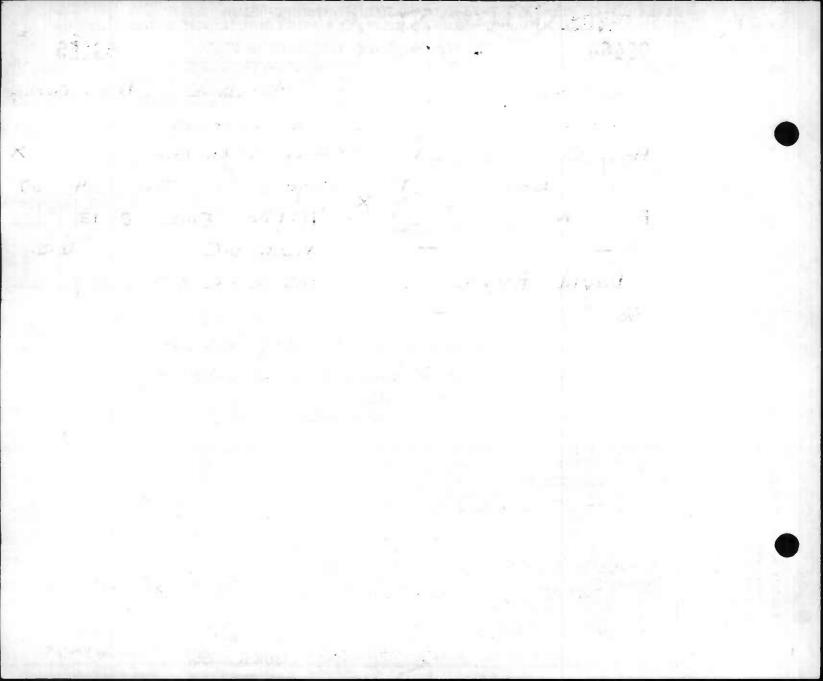
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Items 18-21 Film 390 7-13MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 98453 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O. COUNTY gomer MARYLAND delay e pages 1 and 2 with the State Department nours after death. (If outside corparate limits c. LENGTH OF STAY IN 1b OR TOWN (11 autside carparate limits, write RURAL and give negrest tawn write RURAL and give neprest tawn) EWIS NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address IS RESIDENCE ON A FARM? e, writing the ward "pending" in pencil in Item 18. Give Pages 1, farwarded to the Chief Medical Examiner's Office along with farm Item 18. Give Pages NO X 3. NAME OF Middle 4. DATE Manth Year DECEASED (Type or print) DEATH SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED irthday) Months WIDOWED DIVORCED 10 KIND OF BUSINESS OR 12. CITIZEN OF WHAT ng mast of working life, fren if retired) COUNTRY? 13. FATHER'S NAME This certificate shauld be executed within WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) permit. event within INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Multiple skull fractures with IMMEDIATE CAUSE (a). DUE TO any intracranial hemorrhage due to fall Canditians, if any, which gave rise ta immediate cause (a), . L DUE TO stating the underlying cause D. and OS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY remayal, the certificate, 4 shauld be 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld PRIMARY X or CONTRIBUTING crematian, or Deceased fell down stairs at home MEDICAL EXAMINER: CAUSE OF DEATH. 2Qc. \_IIME OF INJURY Month, Day, Yeor 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hgur ™.ff. Not While factory, street, affice bldg., etc.) DIRECTOR: Page Page 4 Lewisdale at wark ot wark Home Pr. Geo 21. I certify that I took charge of the remains described above, held on Autopsy ond in my opinion the funeral director. be retained deoth resulted from Notural couses Accident Oct Suicide Homicide Undetermined monner CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED may be re prior SIGNATURE Heafth 1 NAME (Type) 0 2Sb. VR A15ME (5

6M 1/67



1	It	ems 18-21 Film Division of S	390 7-1	AMARYLAN ESEARCH AND	D STATE DE RECORDS, 30	PARTMENT OF 1 W. PRESTON ST	HEALTH REET, BALTIMO	ORE, MARYLAN	ID 21201	
FOR STATE		08460	M	EDICAL EX	AMINER'S	CERTIFICATE	OF DEATH		0845	5
HEALTH DEPT.	1.	PLACE OF DEATH a. COUNTY b. CITY OR TOWN (If outside carpor		( IFNGTH O	MARYLAND F STAY IN 1b	2. USUAL RESIDENCE o. STATE	aryland	b. COUNTY	Prince	George
m Press		write RURAL on'd give neorest to	wn) ON (If not in haspi				lens bu		/ G	IS RESIDENCE ON A FARM?
Pages Pages for for for hou	3.	NAME DF DECEASED (Type ar print)	First OVI	<u>Spital</u>	ddle	Rogers	4. DATE OF DEATH	Manth Jun	Day	Year 19 67
24 haurs after d in Item 18. Give r's Office along v ss land 2 with the	100	SEX 6. COLOR OR F	WIDOW	VED D	IVORCED	B. DATE OF BIRTH  9/21/6  11. BIRTHPLACE (Ste	66 8	GE (In yeors ost birthdoy) M	anths Doys 12. CITIZEN OF W	F UNDER 24 HRS. Hours Min.
thin 24 ncil in liner's pages lin any		ing mast af working life, even if retire	D	INDUSTRY		14. MOTHER'S MAIDE		DASE	COUNTRY?	۷.۵.
	1S (Y	WAS DECEASED EVER IN U.S. ARMED ( es, na, or unknown) (If yes give war o	ORCES? ir dates af service)	16. SOCIAL SECURIT	Y NO. 17.	INFORMANT HOSP RE	CORPS	ROSE/ Address	v berg	
ricate shauld and the word ded to the Chass a burial-tro		PART I. DEATH WAS CAUSED IMMEDIAT  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	ane cause per line BY: E CAUSE (o) DUE TO An (b) DUE TO (c)	nulti	jelo (	exelva	Conte	hloge		VAL BETWEEN AND DEATH
This certificate, writing be farwarde I be used as I to burial,	CERTIFICATION	PART II. OTHER SIGNIFICANT COND				THE TERMINAL DISEASE		, ,	19. W Pf YES	AS AUTOPSY REOR MED? NO
INER: ne certifi shauld files. 3 shaulc	MEDICAL CERTI	PRIMARY To CONTRIBUTING CAUSE OF DEATH.	Year 20	eceased	infant D 20e. PLA	fell from	orm, 20f. (	o floor.	(Caunty)	(State)
MEDICAL EXA please execute director. Page etained for you DIRECTOR: Page s designated as	ME	1130 Hour a.m. 6-1  21. I certify that took death resulted from:	19 0 / at		bed above, he	ide, Homici	Inspection	etermined maní	ner 🗌	Md.  n my opinion  DATE SIGNED
necessary, processary, process	23	EXAMINER'S RELDE.  BURIAL, CREMATION, 23b.	DATE THEREOF	PEA 23c. NAME	OF CEMETERY OR	CREMATORY		TION (Gry ar Town)	ne 4/	967 (State)
VR A15ME (5) 6M 1/66	2	REMOVAL Specify   M. 1. FUNERAL DIRECTOR  B. Danzansky	tlons	3501-			EC'D BY REGISTRAR	0001	TRAR'S SIGNATURE	ege.



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09461	CERTIFICATE	OF DEATH		08456
1. PLACE OF DEATH  o. COUNTY  Montgomery	MARYLAND	2. USUAL RESIDENCE (V	Where deceosed lived, if institution: I b. COUNTY	Residence before odmission) Arlington
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporote limits, write RURAL o	and give neorest town)
write RURAL and give neorest tawn) Bethesda	25 Days	Arlin	gton	83.3
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Naval Hospital		4922	Chesterfield Ros	ad YES NO K
3. NAME OF First DECEASED (Type or print) Ruby Ruth Ross	Middle	Lost	4. DATE Month OF DEATH June	Doy Year 17 167
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
Female Cauc WIDOWED	DIVORCED 7		yrs.	onins bays mours min.
	KIND OF BUSINESS OR INDUSTRY		& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME	
John D. White		Mary K	Catherine Hinkle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)		NFORMANT	4922 S. Chester: Arlington, Virg	/
18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	rcinoma of the	Colon		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES X NO
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Doy, Yeor Hour o.m.  100  Whi	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in I	Port I or Port II of item 18.)	
p.m. 17 at wo	le Not While of foct	CE OF INJURY (Home, form pry, street, office bldg., etc.)		(County) (Stote)
21. I certify that (*) (this hospital) after saw the decembed alive an 17 June	nded the deceased from23	May , 1 t deoth occurred a <u>l</u>	967, to 17 June 0:30 PM, from couses ond	, 19 <u>67</u> , thot*(#) (we) los I on the date stated above
220. SIGNATURE Milliam /	they M.		MED. DIRECTOR DIRECTOR PHYS.	22b. DATE SIGNED 18 June 1967
PHYSICIAN'S NAME (Type) LCDR W. R. HIX,	MC USN	Naval Hos	spital, Bethesda	, Maryland
230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF 6-21-67	23c. NAME OF CEMETERY OR Bellwood: Ceme		23d. LOCATION (City or Town) Temple, Texas	(County) (Stote)
24. FUNERAL DIRECTOR A CALLO Everely-Wheatly Funeral Ho	1500EW. Brad	ldock Raso RECT	BY REGISTRAR 2Sb. REGISTI	RAR'S SIGNATURE

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in pryceout, within 72 hours after death.

VR A15 (4) 20 M 1/66

DESCRIPTION OF THE PROPERTY OF SEE LES MES SET MINE SOURCE SE A STATE OF THE STA ake have your dealth to read a top of the many ward that The paper of the Management of the Management of the paper of the pape The professor are at all the family and the second of the

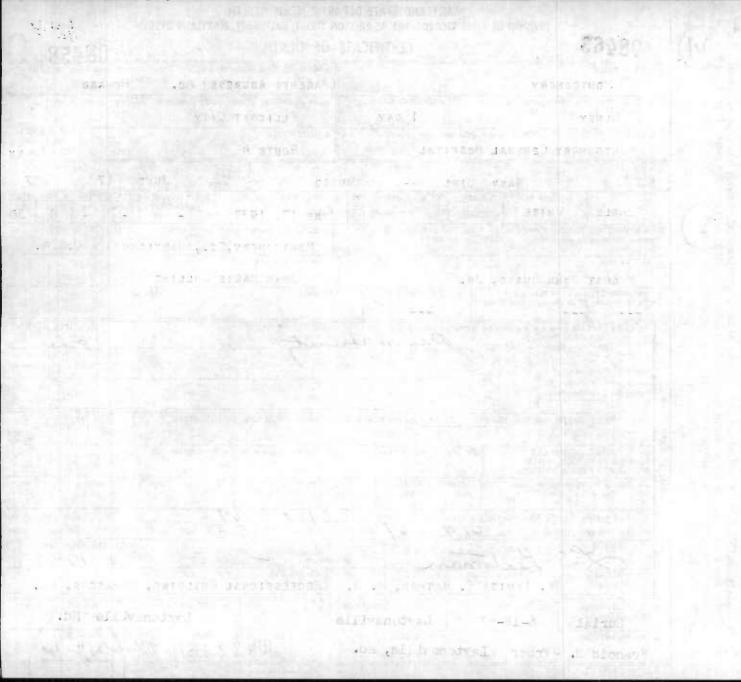
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08462 08457 CERTIFICATE OF DEATH deoth. uneral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a STATE b. COUNTY MARYLAND OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the b. CITY OR TOWN (If autside apporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN ontside corporate limits, write RURAL and give nearest town) on papers. Pag within 72 hours S ₽. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled YES NO nog 3. NAME OF Middle Last Dov Year completely DECEASED (Type or print) 196 103 DEATH 6. COLOR OR RACE MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Manths Hours Cavo WIDOWFD DIVORCED une 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) INDUSTRY COUNTRY? own home any physic en ple 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removo Jacob Weinberg Eva Edlavitch 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, ar unknown) (If yes give war or dates of service) 0 Rubin - Same as #2 above 218-28-8330 Albert cremotion, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN the burial-transit PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH ases ere bua my all IMMEDIATE CAUSE (a) signed by DUE TO burial, Canditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause prior to hos been the 05 WAS AUTOPSY PERFORMED? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use Health YES NO T certificate for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour o.m. Not While factory, street, affice bldg., etc.) at wark at wark DIRECTOR: After 21. I certify that (1) (this hospital), attended the deceased fram March 6/14 1967, that (1) (we) last 19 67 to be retained 1967, and that death accurred at 21354 M, from causes and on the date stated above saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED PHYS DIRECTOR PHYS director, poge should be filed 22c PHYSICIAN'S 22d. ADDRESS O HOSPITAL TO FUNERAL (0/85ville NAME (Type) LENARD 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) June 16.1967 Kneseth Annapolis Anne Amind el 2Sb. REGISTRAR'S SIGN ADDRESS 2So. REC'D BY REGISTRAR Hopping VR A15 (4) Annapolis

MARYLAND STATE DEPARTMENT OF HEALTH

08463 CERTIFICATE OF DEATH filled in by the funeral n papers. Pages 1 and 2 ithin 72 hours ofter degth, deoth. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY PARENTS ADDRESS) MD. b. COUNTY HOWARD MONTGOMERY MARYI AND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) 1 DAY ELLICOTT CITY d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled MONTGOMERY GENERAL HOSPITAL ROUTE 4 YES NO VY 3. NAME OF and completely fremove corbon First Middle Last 4. DATE Month Doy DECEASED 17 GIRL Russo JUNE 19 67 BABY (Type or print) DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) FEMALE WHITE WIDOWED DIVORCED JUNE 17. 1967 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY .S.A. during most of working life, even if retired) INDUSTRY 0 MONTGOMERY, Co., MARYLAND o 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removol, JOAN MARIE COLLINS AUGUST JOHN RUSSO, JR. ottending property of the 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-tronsit ONSET, AND DEATH IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse this certificate has been detached for use as the te Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (Stote) (County) Hour o.m. foctory, street, office bldg., etc.) at work 1967, to. 21. I certify that (1) (this haspital) attended the deceased fram 19 ..... that (I) (we) last and that death accurred at 9. A M. from causes and an the date stated above 1967 saw the deceased alive an\_\_\_ with 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. director, poge 3 M.D. 6-17-67 22d. ADDRESS 22c. PHYSICIAN' DR. LOUISA S. BATMAN, M. D. NAME (Type) PROFESSIONAL BUILDING, DAMASCUS, MO. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Lay tons ville Md. 6-18-67 Lavtonsville ADDRESS 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Francis H. Barber Lavtonsville, Md.

the deoth certificate be executed within 24 hours after deoth. The low requires that hospital or ottending OR ATTENDING PHYSICIAN: be retained O HOSPITAL

7-234869



### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		08404		CEKIII	FICATE	OF DEATH			00	200	
ī		LACE OF DEATH COUNTY ONLY		MAD	RYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased	lived, if institut b. COU	tion: Residence	befare admis	ision)
-	b	CITY OR TOWN (If autside carpa	rate limits,	c. LENGTH OF STAY		c. CITY OR TOWN (If	autside carparate l	imits, write RU	RAL and give r	nearest tawn	
	Si	write RURAL and give nearest t	awn)	2 month	ha	XSXXXXXXXX	SALADOA	Waltha		18.3	
11		NAME OF HOSPITAL OR INSTITUT	ION (If nat in hasp	pital, give street address)		d. STREET ADDRESS	81 Middl			e. IS RE	SIDENCE FARM?
-	15	17 Forest Gler	Road			USDOXX36	ARCHO CORN	XXXXXXX		YES [	NO 🔀
3	B	AME OF ECEASED	First	Middle		Last Ryan	4. DATE OF DEATH	June Man			Year 9 6 7
5	S	ype ar pinn)		RIED NEVER MARRIE	ED TI	BDATE OF BIRTH	9. A	GE (In years	IF UNDER 1 Y	EAR IF UND	DER 24 HRS.
	ma	ile white			=	Dec 12, 18	375	ist birthdoy) yrs.	Months D	oys Haur	's Min.
j d	0a. urin	USUAL OCCUPATION (Give kind af w g most af working life, eyen if retir Lived Mail Can	rark dane I	Ob. KIND OF BUSINESS OR INDUSTRY	- 3	11. BIRTHPLACE (Caur		n country)		EN OF WHAT ITRY?	
-	K	tired Mail Can	rier U	S. yout.		Newton, 1			u.3	,H,	
		chael Ryan			100	Mary Kens					
		WAS DECEASED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17 1			Addr	ass 1 c		
1	(Yes	, no, or unknown) (if yes give war	ar dates af service)		04	nformant omas J. Ly	0	1479	Wash S	t.	M
	Ī	18. CAUSE OF DEATH (Enter and PART I, DEATH WAS CAUSED	y ane cause per li BY: TE CAUSE (a)		ore	Eussin				INTERVAL I	BETWEEN
		4:01	DUE TO			000				-	
		Canditians, if any, which gave rise to immediate cause (a),	(p)	consumy o	vilu	y Aller	oses				
		stating the underlying cause	DUE TO			0					
	+	PART II. OTHER SIGNIFICANT CON		TING TO DEATH BUT NOT RE	ELATED TO 1	THE TERMINAL DISEASE	CONDITION GIVEN I	N PART I(o)		19. WAS A	UTOPSY
3										PERFO	NO M
S CEBTIEIGATION		20a. ACCIDENT WAS UNDERLYING E OR CONTRIBUTING ☐ CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMI	ATH	Ob. DESCRIBE HOW INJURY (	OCCURRED.	(Enter nature of injury	in Port I or Port II	of item 18.)			
MEDICAL	MEDICAL	20c. TIME OF INJURY Month, Da Haur a.m. p.m.		20d. INJURY OCCURRED While Not While of work		CE OF INJURY (Home, fory, street, affice bldg., e		ity or town)	(Coun	(y)	(Stote)
	1	21. I certify that (I) (	this hospital) (	attended the deceased		6/8/	,	6/14		Z, that (I)	
		saw the deceased aliv	e an	(d13 196),	and that	t death accurred	at_ <u>GA</u> M, f	ram čauses			red abave
		220. SIGNATURE	Kirc	liver	M.I	ATTENDING PHYS.	MED. DIRECTOR	STAFF D	22b. DAT	-14-G	27
1		22c. PHYSICIAN'S NAME (Type) Rayn	ond C. K	(irohner		22d. ADDRESS 6480 Ne	w Hampsh	ire Ave	, Jako	ma pa	ele, Md
1 2	23a.	BURIAL, CREMATION, 23b.	DATE THEREOF	23c. NAME OF CEN	METERY OR	CREMATORY	23d. LOCAT	ION (City ar To	ıwn) (C	aunty)	(State)
1	8	REMOVAL (Specify) Line June 1	me 17, 1	967 Calvary	Cene	tery	Waltho	im, Ma	A.	Arun	
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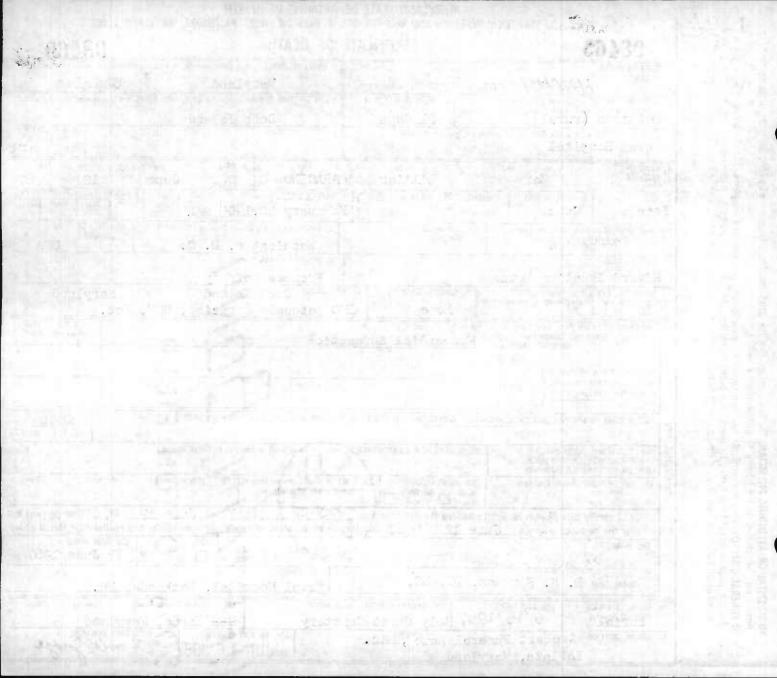
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 08465 DRAGA 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Charles Montgomery Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) b. CITY OR TOWN (If outside corparate limits c. LENGTH OF STAY IN 1b Bethesda (rural) 21 days Cobb Island IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Naval Hospital NO K YES Middle 4. DATE 3. NAME OF First Last DECEASED Lillian SARACINO 67 Mary June 12 DEATH (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Female Cauc February 20,1903 WIDOWED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind af work dane during most of working life, even if retired)
HOUSEWITE INDUSTRY COUNTRY? Washington, D. C. USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Edward Ignatius Downs Frances Gaffney 17. INFORMANT Cobb Island Address 16. SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. ARMED FORCES? Maryland (Yes, no, or unknown) (If yes give war ar dates af service) BMC pasquale Saracino, USN, Ret. None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Myocardial Infarction IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (a). DUF TO stating the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES K NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (County) (State) (City or town) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, affice bldg., etc.) Not While at work at work May 22 1967, ta June 12, 19 67that (x) (we) last 21. I certify that (4) (this haspital) attended the deceased fram\_ saw the deceased aliveron June 12 19 67, and that death occurred at 00003 fram causes and an the date stated above. 22b. DATE SIGNED 22a SIGNATURE **ATTENDING** STAFF 13 June 1967 M.D. PHYS. PHYS DIRECTOR 22d. ADDRESS NAME (Kype) D. R. Foreman, LT, MC, USN Naval Hospital, Bethesda, Md 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) Holy Ghost Cemetery Geb Issue, Maryland 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Arehart Funeral Home DRESTING. DATEJUN 6 1967

LaPlata, Maryland

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after hours within 72 h completely fi in any attending physician bermit. Then please pup burial, crematian, or removal, signed by the burial-transit **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. has been be detached far use as the State Dept. af Health priar to After this certificate directar, page 3 shauld shauld be filed with the DIRECTOR: TO FUNERAL VR A15 (4) 20 M 1/66



	OF DEATH		00504
			utian: Residence befare admission)
MARYLAND	a. STATE MARCI	land b. col	Montagnery
c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If but	side carporate limits, write Rl	JRAL and give negrest tawn)
	Rockoull	E, MARUI	ANN 15.1
ive street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	4600 48	ARIAN ST	SEE YES NO
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SAZO	Noff	DEATH JUNE	14 1967
NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years	Manths Days Hours Min.
DIVORCED	7/15/88	Yrs.	multins Duys Floors Mills.
ND OF BUSINESS OR	11. BIRTHPLACE (County 8	State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
home	8455	A	U.S.A.
	14. MOTHER'S MAIDEN N	AME	
	(unknown)	Bassman	
SOCIAL SECURITY NO. 17. IN	IFORMANT	_ Add	reet. N. W.
27-14-6241A Viv	rian Sande	Washington	neer, jr. w.
(a), (b), ond (c).)	11.	,	INTERVAL BETWEEN ONSET AND DEATH
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O DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
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SCRIBE HOW INJURY OCCURRED. (	Enter nature af injury in P	art I or Port II af item 18.)	
	E OF INJURY (Home, form,	20f. (City or Town)	(Caunty) (State)
	E OF INJURY (Home, form, ry, street office bldg., etc.)	20f. (City or Town)	(Caunty) (State)
at wark focto	ry, street office bidg., etc.)	6/10 June	14, 19 17, that (I) (we) ld
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ded the deceased fram	death occurred at	MED. STAFF	19.17, that (I) (we) lo
ded the deceased fram 19 67, and the	death occurred at	MED. STAFF	14, 19 17, that (I) (we) to and on the date stated obay  20. DATE SIGNED  WHO WE SIGNED
	Middle  Middle  NEVER MARRIED  NEVER MARRIED  NO OF BUSINESS OR  DUSTRY  NOME  SOCIAL SECURITY NO. 17. IN  27-14-6241A Uic  (a), (b), ond (c).)  O DEATH BUT NOT RELATED TO THE	ive street address)  Middle  Middle  Last  SAZWOFF  NEVER MARRIED  DIVORCED  TISHPLACE (County & DIVORCED)  11. BIRTHPLACE (County & DIVSTRY  NO OF BUSINESS OR  DIVORCED  14. MOTHER'S MAIDEN N.  SOCIAL SECURITY NO.  17. INFORMANT  27-14-6241A  Divian Sande  (a), (b), ond (c).)  O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONI	ive street address)  d. STREET ADDRESS  Middle  Last  4. DATE OF DEATH  VINE  NEVER MARRIED  DIVORCED  DIVORCED  11. BIRTHPLACE (County & State, ar fareign country)  NO OF BUSINESS OR DIVORCED  14. MOTHER'S MAIDEN NAME  Lunknown Bassman  SOCIAL SECURITY NO.  17. INFORMANT  27-14-6241A  Vivian Sande  Washington

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. and completely filled in by the funeral **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by th director, page 3 should be detached for use os the burial-transit permit. Then please perove corbon popers. Pag should be filed with the Stote Dept. of Health prior to burial, cremation, or removal, and incany event, within 72 hours, Poge 4 moy be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

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I I	te	ms 18-21 Film 390 7-1 DIVISION OF VI	7 MARYLAND STATE DEPA	ARTMENT OF HEALTH N STREET, BALTIMORE,	MARYLAND 21201	
FOR STATE			MEDICAL EXAMINER'S			08462
HEALTH DEP	1.	PLACE OF DEATH O. COUNTY	MARYLAND	o. STATE New York	b. COUNTY	Residence before odmission)
f any delay is in PM3. Page		Montgomery b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park	c. LENGTH DE STAY IN 16		corporote limits, write RURAL	ond give neorest town)
If ar		Takoma Park d. NAME DE HOSPITAL OR INSTITUTION (If not in ho		d. STREET ADDRESS	A	e. IS RESIDENCE ON A FARM? YES ND
St. St.	3.	Washington Sanitari NAME OF First DECEASED ((Type or print)) Datax	Middle	Lost 4.	DATE Month OF DEATH Tuno 2	Doy Year 1 1967
after after along with	S.	SEX 6. COLOR DR RACE 7. MA	RRIED NEVER MARRIED DIVORCED DIVORCED	5-31-94	9. AGE (In years	FUNDER I YEAR   IF UNDER 24 HRS.   Hours   Min.
d within 24 hours after d in pencil in Item 18. Give Examiner's Office along w File pages land2 with the	100 du	male white o. USUAL OCCUPATION (Give kind of work done ring most of working life, even if refired) Liquor Store Owner	10b. KIND OF BUSINESS OR INDUSTRY  - Retired	11. BIRTHPLACE (State or for		12. CITIZEN DE WHAT COUNTRY? America
within 2 pencil i Examiner File page 2 hours a	13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	inotti	
executed within nding" in pencil Medical Examine permit. File pagwithin 72 hours	1S (Y	WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, no, or unknown) (If yes give wor or dotes of service)	16. SOCIAL SECURITY NO. 17. I		Address	
ld be execute rd "pending" Chief Medica transit permit event within		1B. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), ond (c).)  Acute hemiperica			ONSET AND DEATH
shou he wo to the burial:		Conditions, if ony, which gove rise to immediate couse (o),	Hemorrhage great	t vessels at	base of hear	rt 8½ hrs.
ificate ting the rided in as a and i		lost. (c)	Chest injury			8½ hrs.
This certificate, writing be forward to be used or removal, or rem	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB				PERFORMED? YES NO
UNER: The certification is should be files.  3 should be tiles.	L CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED.  Was found in wre		street	
CAL EXAMINER: This execute the certificate, ar. Page 4 should be fid for your files. TOR: Page 3 should be urial, cremation, or remo	MEDICAL	DI JO P.III. Darie Zono!	While of work of work foct			(County) (Stote)  Pr.George Md.
DEPUTY MEDICAL EXAM seessary, please execute the funeral directar. Page 4 may be retained for your FUNERAL DIRECTOR: Page ealth prior to burial, cremat		21. I certify that I taok charge of to death resulted fram: Natural cause		ide 🔲, Hamicide 🔲		
o DEPUTY MEDICA necessary, please ex the funeral directar. S may be retained f FUNERAL DIRECTO Health prior to burio	-	ACTUAL SIGNATURE	O Come	CHIEF MEDICAL EXAM	EXAMINER [	22. DATE SIGNED
TO DEPUTY necessary, the funeral 5 may be TO FUNERAL Health prior		<del></del>	23c. NAME OF CEMETER OF	DEPUTY MEDICAL EXA		Juit 21, 1967
To The Head		no. BURIAL, CREMATION, REMOVAL (Specify) 1 6/24/67	Gate of Hea	aven Cem.	Silver Spr	ing. Md.
VR A15ME (5)	2	Funeral Home Inc.	Maryland	DATE UN 2	REGISTRAR 2Sb. REGIS	TRAR'S SIGNATURE

1907 The state of the s estilacton Sanitariani trapital - 21 Mable Amone - Amone ASSOCIATION PROPERTY AND PROPER The state of the s APPENDED STORE STORES - FEST - FEST STORES COLUMN C aredr a taninas Biri-10-200 Iva-niva de la lasi

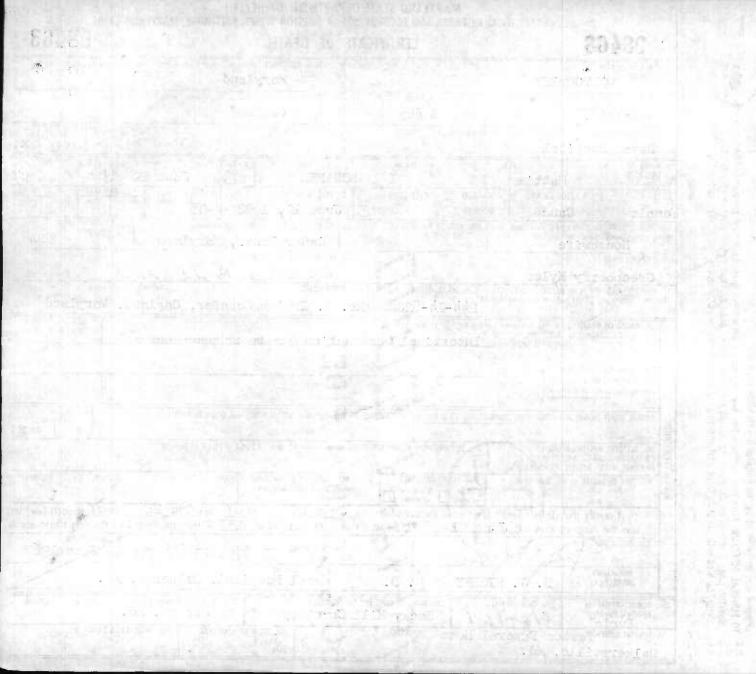
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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## CERTIFICATE OF DEATH

08463

death death		OUNTY AND RETURN AND THE PARTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Maryland b. COUNTY
by the far	-	MINITERIO	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  Gapland
4 hours in by thers. Page 72 hours		I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
filled pape thin 72	-	Naval Hospital	YES NO E
arban	1	Type of printy	HAFER  A. DATE OF DEATH  June 28 2 1 19 67
e executed within 24 hc and completely filled in remove carban papers.	V		June 10, 1892  9. AGE (In years left UNDER 1 YEAR   IF UNDER 24 HRS. Months   Doys   Hours   Min.
icote be exer	10o. duri	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)  Housewile  NDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country)  Cedar Grove, Maryland  12. CITIZEN OF WHAT COUNTRY? USA
ertificote b physician nen please noval, and i	13.	Trillian 3 trivia	14. MOTHER'S MAIDEN NAME Melvina Biddinger
ne death certiff ottending phy permit. Then ion, or remova		and any life was nive were at dates of convice)	FORMANT  A. Irving Schafer, Gapland, Maryland
e low requires that the death certificate be executed within 24 hours after death tending physician.  Is been signed by the ottending physician and completely filled in by the face of the burial-transit permit. Then please remove carban papers. Pages I and prior to burial, cremation, or removal, and in any event, within 72 hours after death		is. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gave rise to immediate cause (o), stoting the underlying cause lost.  (c)	
The se the	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED? YES NO \$\(\bigs\)
spitol or ertificate ed for us	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	inter noture of injury in Port I or Port II of item 18.)
G PHYSICIA the hospitol r this certifice detoched fo te Dept. of H	MEDICAL		E OF INJURY (Home, form, ry, street, office bldg., etc.) (City or town) (County) (Stote)
ATTENDING stained by the CTOR: After is should be dith the State		2) I certify that (1) (this haspital) attended the deceased from J	une 20 , 19 67 , ta June 21 , 19 67 , that X(1) (we) last death accurred at 725P M, fram causes and an the date stated abave.
~ ~ ~ × × × ×		220. SIGNATURE DE Runner M.D.	
PITAL OR may be :RAL DIRI r, poge 3 l be filed		22c. PHYSICIAN'S NAME (Type) F. J. KINNEY M. D.	Naval Hospital, Bethesda, Md.
TO HOSPITAL Poge 4 may L TO FUNERAL D director, poge should be file	230	BURIAL (REMATION, REMOVAL (Specify) Burial  C/24/67  ROCKY Hill C	REMATORY 23d. LOCATION (City or Town) (County) (Stote) Woodsboro, Md.
VR A15 (4) 20 M 1/66	1	FUNERAL DIRECTORarton Funeral Home ADDRESS Welkersville, Md.	2Sq., REC'D BY REGISTRAR 7 2Sb., REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

Items

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Items 18-21 Film 390 7-1MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08465 MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a STATE b. COUNTY and 3 ta P.M.3. Page 6 MARYLAND omer monlgomeri delay State Department (If autside corporate limits c. LENGTH OF STAY IN 16 outside carparate limits, write RURAL and give nearest tawn) waite RURAL and give nearest tawn) 27 years d. NAME OF HOSPITAL OR INSTITUTION (If not up hospital, give street oddress) ith form Pages 0 death. NAME OF Middle DATE Month DECEASED OF Give COLLY DEATH (Type or print) be executed within 24 haurs after "pending" in pencil in Item 18. Giv 4 should be farwarded to the Chief Medical Examiner's Office of SEX 6. COLOR OR RACE DATE 9. AGE (In years IF UNDER 1 YEAR MARRIED NEVER MARRIED lost birthdoy) May Months 21 death. WIDOWED DIVORCED pages land 2 10a. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life even if retired) INDUSTRY haurs after Own home Washington, D. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter Thornton Kate Waddington permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address "pending" (Yes, na, or unknown) (If yes give war ar dates of service Oxtord event within 216-46-2763 Vo Vone CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY Generalized third degree burns with IMMEDIATE CAUSE (o) This certificate shauld writing the word DUF TO any Conditions, if any, which gove asphyxia due to smoke and heat inhalation rise to immediate couse (a), Ξ DUE TO 0 stating the underlying couse pup OS lost. be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) removal, CERTIFICATION execute the certificate, 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 1B.) 3 shauld PRIMARY A or CONTRIBUTING crematian, or MEDICAL EXAMINER: Deceased burned in house fire. CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Manth, Day, Year 8 Hour o.m. factory, street, office bldg., etc.) may be retained for yaur FUNERAL DIRECTOR: Page While Nat While 1967 Silver Spring Page at work ot work 21. I certify that haak charge of the remains described above, held an Autapsy Inspection Inquiry X burial funeral director. death resulted from: Natural causes Suicide Hamicide Undetermined manner please CHIEF MEDICAL EXAMINER ACTUAL Health prior SIGNATURE **EXAMINER'S** NAME (Type) Belden Reap BURIAL CREMATION 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230. LOCATION Kity or Town REMOVAL (Specify)

e. IS RESIDENCE

YES

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Dovs

12. CITIZEN OF WHAT COUNTRY A

ON A FARM?

Year

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IF UNDER 24 HRS

Hours

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22. DATE SIGNED

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(State)

Md

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(County)

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Suitland.

1967

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Cemetery

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NO X

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CERTIFICATE OF DEATH

08466

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夏	and death	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
1V9)	funeral funeral ter deat	o. COUNTY Montgomery MARYLAND	o. STATE Maryland b. COUNTY Montgomery
e	fe fe f	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
0	Pages urs afte	write RURAL and give nearest town)	
- E	Pages ours afte	Olney	01ney /5·/
ج ا	E 55 7	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
n 24	000	69 MONTG. GENERAL HOSPITAL	Mt. Zion Road YES NO 🗷
三		3. NAME OF First Middle DECEASED	Last 4. DATE Manth Day Year
3	547- M	(Type or print) Joshua M.	Selby DEATH June 10 19 67
teo	campletely ave carben y eyent, win	S. SEX 6. COLOR OR RACE 7. MARRIED 12 NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs be extined by the hospital or attending physician.		Male Negro WIDOWED DIVORCED	8/31/87   last hirthdoy)   Months   Days   Hours   Min.
9	rem rem	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT
9	lease rand in	during most of working life, even if retired)  farm work  farm	Montgomery County Md COUNTRY?
cat	10 0 0	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
#	\$ = \$\limber{1}{1}		
9	BY E W	Joshua Selby	Christine Budd INFORMANT Address
£	attending phys permit. Then p ian, ar remaval,	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown) (If yes give war ar dates of service)	INFORMANT Address
de .	attendi permit. ian, ar r	no unknown M	ontgomery General Hospital records
he	(1) Am	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN
+ to	by the transit cremati	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	TE MYOCAPDAL DISEASE NEUMODELLA
# 5	कुंच न	H43X DUE TO DE OUT	110 /
ires	signed by the burial, cremail burial, cremail	Canditians, if any, which gove ) (b) ASCAL	) - M.C.V.D //CS,
200	sign bur bur	rise to immediate cause (a),	1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the	as the priar ta	stating the underlying couse   DUE 10 (c) (ENER AL	TED HRTELIOSCLEROUS JES.
0	as b prio	PART II. OTHER STENIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE, TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY
T. T.	rificate has b d far use as of Health pric	200. ACCIDENT WAS UNDERLYING \( \text{20b. DESCRIBE HOW INJURY OCCURRED (ITE EITHER NOTICE MEDICAL EXAMINED)} \)	PERFORMED?
AN	A Heror	E 200. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRE	O. (Enter nature of injury in Port I or Part II of item 18.)
SICI	certificate hed far u		
<b>∓</b> ₽	this certification of the period of the peri	= Loci Time of month, bely too	LACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (Stote)
2 t	detac detac	Haur a.m. p.m.  19 While Not While of work	octory, street, affice bldg., etc.)
Z A	After the de de de State	21 I certify that (1) (this haspital) attended the deceased from	HU919 1964 to 6/10 1967 that (1) (we) last
EN	Should ith the	saw the deceased alive an 6 5 196 , and the	at death occurred at 213 M, fram causes and an the date stated abave.
E	ECTOR: 1 3 shauld with the	220. AIGNATURE	22b, DATESIGNED
2 0	DIRECTOR:  Be 3 shaule  Be with the		M.D. ATTENDING MED. DIRECTOR DIPHYS. DIG 10 167
0 9	E BEST	ZZC. PHYSICIAN'S	22d. ADDRESS
ITA	Se B	NAME(Type) Donald R. Lewis, M. D.	
OSP	o FUNERAL DIR director, page shauld be filed	230. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY C	R CREMATORY 23d. LOCATION (City or Town) (County) (State)
HO	dire sha	REMOVAL (Specify) BURIAL 6/14/67 MT ZION CEM	EBERY MT. ZION, MONTG. MD.
7	2 5 5	24. BUNERAL DIRECTOR ADDRESS	250 REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE
y	/R A15 (4)	TINGE DANGE TO	My JUN 14 1967 Karlas Jusque
1	1707 TH	11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE TOTAL OF THE PARTY OF THE P

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral-director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, or removal, and in any event, within 72 haurs after death. Page 4 may be retained by the haspital ar attending physician.

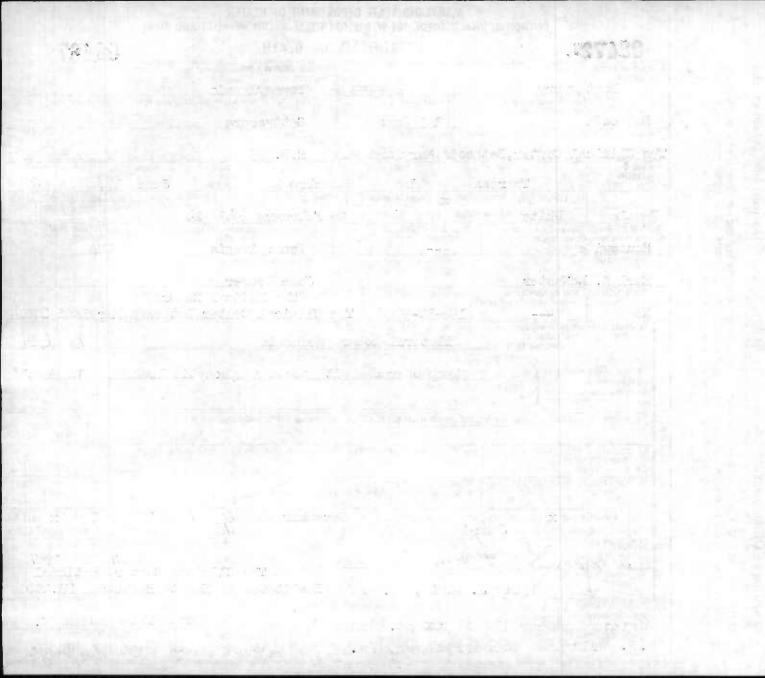
VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death

CERTIFICATE OF DEATH

08467

	COTE	•							U	フタリ	4.	
	PLACE OF DEATH o. COUNTY	COMOMI		MAD	OVIAND	2. USUAL RESIDENCE (Vo. STATE		lived, if institution b. COUN	an: Reside			n)
	TATOUT (	gomery If autside corporate limit	te	C. LENGTH OF STAY	RYLAND	c. CITY OR TOWN (If ou		limiteite DUD	de leas 18		A Amusel	
'	write RURAL an	d give neorest tawn)	15,	C. LENGTH OF STAT	IN 10	C. CITT OK IOWN (IT OL	itside carparate	limits, write KUK		473	r rawn)	
	Bethesda			193 days		Gettysb	urg		75.	5		
	d. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in haspital,	give street address)		d. STREET ADDRESS					ON A FA	ENCE DEM 2
Th	ne Climic	al Center,	Bethesd	la Marylan	d	R.D. #5						NO 🗔
3. 1	NAME OF		irst	Middle		Last	4. DATE	Manti	h	Day	Yeo	ır
	DECEASED (Type or print)	The	resa	Ann	Sh	anebrook	OF DEATH	June	27		19 €	57
	SEX	6. COLOR OR RACE		NEVER MARRIE		B. DATE OF BIRTH	9. A	GE (In years	IF UNDER		IF UNDER	
_	emale	White	WIDOWED	DIVORCE		8 February	1943 2	last birthdoy) 24 yrs.	Months	Days	Hours	Min.
1Da. duri	ing most of working	(Give kind af wark dane life, even if retired)		IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (County		jn cauntrγ)	((	ITIZEN OF DUNTRY?		
12	Housewif	е				Pennsyl			U	SA		
13.	TAIMER 3 NAME					14. MOTHER'S MAIDEN I	NAME					
		McMaster				Jane Wea	ver					
		R IN U.S. ARMED FORCES? (If yes give wor or dotes		SOCIAL SECURITY NO.	17. 1	NFORMANTThe Me	dical F	Recordedire	SS			
1,0	No	70.9.0.000 01 00103		8-32-9698	Th	e Clinical	Center.	Bethesd	a Mar	rvla	nd 20	0014
	1B. CAUSE OF D	EATH (Enter anly one co							7	INT	ERVAL BET	WEEN
-	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(a) B	ilateral I	lobar	pneumonia				91	SET AND D	EATH
	200.1		10							-	2200	
	Canditions, if ony			mphodema	2mc 11	ith acute ly	mahaarr	+ia laul	lromi o	10	2 Mon	+ 10 ~
	rise to immediat	e cause (a),	(p) 7	Ambuosarco	oma w.	ron acare T	Aurbuog A	orc rem	Kellita	16	MOH	uns
	stoting the unde	rlying cause										
		,	(c)							110	11110 11170	DCH
ATION	PART II. OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO 1	HE TERMINAL DISEASE COM	NDITION GIVEN I	IN PART 1(a)			WAS AUTO PERFORMI S X	NO [
L CERTIFICATION		S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY O	OCCURRED.	Enter nature of injury in	Part 1 or Part 11	af item 1B.)				
MEDICAL	2Dc. TIME OF INJ Haur o.i	URY Month, Day, Yeor m. 19	2Dd. 11 While at war			E OF INJURY (Hame, farmary, street, office bldg., etc.)		City or town)	(Co	unty)	(:	State)
	21. I certi	fy that (this has	spital) atten	ded the deceased	fram_D	ecember 121	9.66 ta	June 27	, 196	57. th	at 6t) (v	ve) las
	saw the d	eceased alive an_	June-27	19 67,	and that	death accurred at	6:45 M. 1	ram causes o	and an t	he date	e stated	abave
	220. SIGNATURE	N 0	(1)				AM			ATE SIGN		
	XM	ton &	Fer	n	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF EX	27	June	196	7
	22c. PHYSICIAN'S			*	,,,,,	22d. ADDRESS Th						
	NAME (Type	Myro	on .T. T.	evin. MD.		Institute			-			
230	. BURIAL, CREMATIO			23c. NAME OF CEN	AETERY OR			TION (City or Tay		(County		
230	REMOVAL (Specify	1			TEIERT UK	LKEMATUKT .		, ,		. ,		tate)
	Burian	1 20 30	ine 67		Jose	ph's		eauvil				2
24	. FUNERAL DIRECTO	Tten Ma	Chann	ADDRESS	T) a		BY REGISTRAR		GISTRAR'S			
1	TOT. O MAG	Trei. MC	pherr	ystown,	ra.	DATE 11	141 0 0	1007 0	Cles	Jas	uda	2



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

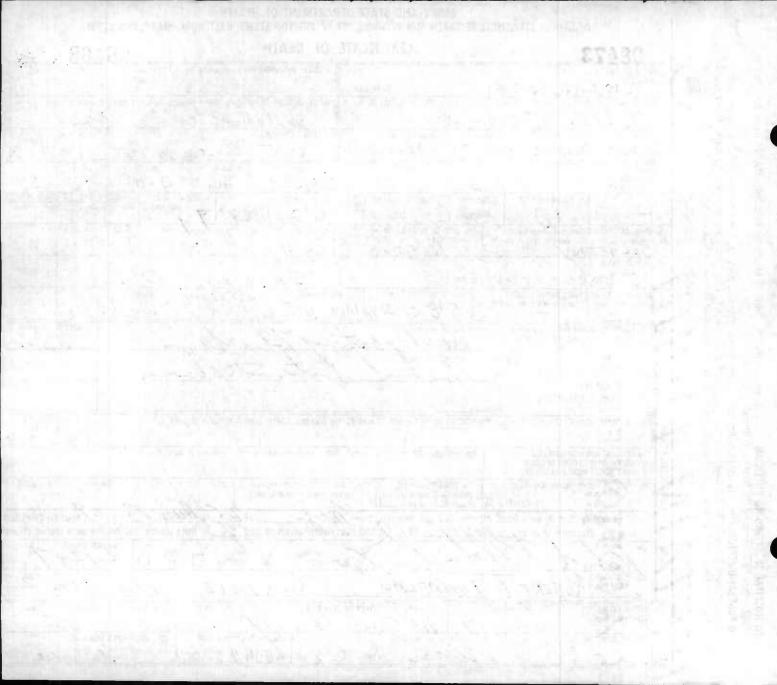
	08473	CERTIFICATE	OF DEATH	084	68
	PLACE OF DEATH O. COUNTY MONTGOMERY	MARYLAND	o. STATE	eosed lived, if institution: Residenc b. COUNTY	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  ST) VER SPRIN		WAShino	orate limits, write RURAL and give	C 47.3
5		ALTH CARE CENTER		SCONSIN AUE	e. IS RESIDENCE ON A FARM? YES NO
		Middle	SHEA 4. DATI	TUNE	Doy Year 1967 YEAR 1 IF UNDER 24 HRS.
	-	MARRIED NEVER MARRIED 8  /IDOWED DIVORCED DIVORC	11 22 1887	last birthdoy) Months yrs.	Doys Hours Min.
duri	ng most of working life, even if retired)  SEC PETARY  FATHER'S NAME	INDUSTRY	Bellevue		JNTRY? U.S.A
15.	JAMES SY WAS DECEASED EVER IN U.S. ARMED FORCES?		CATHERI NFORMANT (S'S	NE OGIN	5
(Ye	s, no, or unknown) (If yes give wor or dotes of sen	3/8-01-3048 IIIR		WASh.	D.C.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  3 3 2 ×  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  (c)  (c)	Carshal I	but and co	tigs	ONSET AND SEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR				19. WAS AUTOPSY PERFORMED? YES NO
	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (I			
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19	While Not While focto	E OF INJURY (Home, form, pry, street, office bldg., etc.)	1. 1	19
2	21. I certify that (I) (this haspital saw the deceased alive an 220. SIGNATURE	1) attended the deceased fram 19 and that	depath accurred at		that (I) (we) last the date stated above
	26 PHYSICIAN'S	The same of the Mo	22d. ADDRESS	STAFF D 6-	13-17
230	NAME (Type) / OBERT / .  BURIAL, CREMATION, REMOVAL (Specify) 6-15-0	F 23c. NAME OF CEMETERY OR C	CEMETERY IN	LOCATION (City or Town)	(County) (Stote)
24	FUNERAL DIRECTOR	ADDRESS 49	2So REC'D BY REGI		GNATURE

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages Land shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours ofter death

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VR A15 (4) 20 M 1/66



MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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FOR 2	IAIE		08674	MEDICAL EXAMINER 3	CERTIFICATE OF DE	АІП	00203
HEALTH	DEPT.		ACE OF DEATH			ceased lived, if institution: Reside	nce before odmission)
ay is 3 to Page	at	-5	COUNTY	MARYLAND	marulan	d montag	m- e. F/1
Pa 3	ent		CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16		porote limits, write RURAL and give	ve neorest town)
and and M3.	E T	h	write RURAL and give nearest.town)	D.O.A.	Silver	Sovina (	151
2, P	bde	7	NAME OF HOSPITAL OR INSTITUTION (If not in	hospitol, give street address)	d. STREET ADDRESS	pring	e IS RESIDENCE
orm	999	,	wash San	+ Ilasmital	1114 Han	rilton ax	ON A FARM?  YES NO
ter death. I Give Pages ong with far	the State Department of	3. 1	AME OF First	Middle	Lost 4. DA	TE Month	Doy Year
wi wi	he		ype or print) 7/////a	m Goseph	Shipley OF	ATH 6	15 1967
fter Giv ong	with 1		- C	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years   IF UNDER	
haurs after death. If a Item 18. Give Pages 1, Office along with farm		12	ale white	WIDOWED DIVORCED	9-17-03	lost birthdoy) Months	Doys Hours Min.
haurs Item 1 Office	land2	100	JSUAL OCCUPATION (Give kind of work done	10b KIND OF BUSINESS OR REPA.	11. BIRTHPLACE (Stote or foreign		ITIZEN OF WHAT
	ges la after	duri	g most of working life, even if retired) Gene	a industry	Washington, D	. C.	U.S.A.
in cil i	pages urs afte		ATHER'S NAME	TOTAL STREET	14. MOTHER'S MAIDEN NAME		
within pencil xamine	le p	R	ben Shipley		Margaret Corb	4	
~ .⊑ w	it. File pag 72 hours	1S.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	5206 Addres ack	make Hill
pe executed pending" in ef Medical B	transit permit.	110	no, or unknown) (If yes give wor or dotes of ser	578-01-6632 M	INFORMANT L. Russell Shipl	ey Crest Heia	rta Md
exe Me			18. CAUSE OF DEATH (Enter only one cause p	or line for (a) (b) and (a))			INTEDVA DETWEEN
be ''p	burial-transit any event		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) _	COTODDEY	IInsutsi	cancy ALUTE	- MAIN
shauld e word o the Ch	al-tr y ev		DUE TO	,		/	
s show the way	any		Conditions, if any, which gove (b) rise to immediate couse (a),				
			stoting the underlying couse				
certificate writing the	and and		ost. ) (c)				1
s certificates, writing tarwarded	l be used removal,	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(o)	19 WAS AUTOPSY PERFORMED?
This icate, be fo	be 1	CERTIFICATION	OO ENTERNAL CAUCE WAS	T			YES NO
- P	es. shauld in, ar re	RTIF	20a. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □	20b DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Port I or	Port II of item 1B.)	
NER: certif hauld	shar shar		CAUSE OF DEATH.	Look Invitory Occupants	ACT OF INHIPN (II)	N (6'h ) (6	
EXAMINER: ute the cert age 4 shaul	yaur tiles Page 3 sho crematian,	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m.		ACE OF INJURY (Horne, form, 20 ctory, street, office bldg., etc.)	Of. (City or town) (Co	ounty) (Stote)
ute uge	Pag crem	_	p.m. 19	ot work utwork utwork			
Xecuration Pod.	- **		21. I certify that I took charge of			ection 🔀 , Inquiry 🔀 ,	ond in my opinio
se e	red ta ECTOR burial,		death resulted from: Notural co	ouses 🗖 , Accident 🗌 , Sui	icide, Homicide,	Undetermined monner	
MEDI lease direct	DIR DIR to		ACTUAL O	S. Bill	CHIEF MEDICAL EXAMINI  ASSISTANT MEDICAL EXA		22. DATE SIGNED
> -			SIGNATURE		ITI.U.	- 6 / 1 % /	67
DEPUTY cessary, e funera	FUNERAL		EXAMINER'S NAME (Type) John G. Ball	1980 Ola Georgeton Bethesda, Maryland	on Rd. DEPUTY MEDICAL EXAMI	men we	
O DEPUTY necessary, p	Health Health		BURIAL, CREMATION,   23b. DATE THEREO		L	. LOCATION (City or Town)	(County) (Stote)
5 a € '	~ ₽ ₹	B	PEMOVA (Specify) June 19.	1987 Mt. Olivet		rederick. Mary	
VP 43	Tene (charles)	024	FUNERA DIREGIOS Johns	ADBRESS .			
	1/67 (5)	111	Arner E. Pumphrey Dr	oc Silver Spring	Md. JAN 21	1961	and a second

BEAR IN THE LEASE WITH MARKET THE WAR AND The same of the second The state of the s ideal ship and the same ship a News None S78-01-6572 No. Noviett Brighty Enect Heights, 88. Covenory Insufficiency Ainte Mes Total J. Mark Total Meaning Mr. special to the to the total section of the section of the letters. The letters and the section of tomer. Shoot a transfer for the training of the state of more . Harmey, him. solver series.

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DR.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

08475	CERTIFICAT	E OF DEATH	08470	
1. PLACE DF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)	
Montgomery	MARYLAND	a. STATE Maryland Montac	mery	
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY DR TDWN (If outside corporate limits, write RURAL		
Silver Spring	3 days	Silver Spring	15.1	
d. NAME OF HOSPITAL DR INSTITUTION of not in h	hospital, give street address)	d. STREET ADDRESS Glenallem	e. IS RESIDENCE ON A FARM?	
Holy Cross Hospit	a	1417 Esbercastagea Huenue	YES NO X	
3. NAME DF First	Middle	Last 4. DATE Month	Day Year	
(Type or print) HILE	h,	Singer   DEATH June	al 1967	
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months	Days Hours Min.	
remale white widowed		4/dd/09 63 yrs.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CI	TIZEN OF WHAT	
	artment House	District of Columbia U	SA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Grench D. Bussey		Bessie B. Beattle		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. (Yes, no, or unknown)   (If yes give war or dates of service)	. SOCIAL SECURITY NO.   17.	INFORMANT 1417 Address	en Avenue	
		essie N. Seymour Silver Soning	Manuford	
18. CAUSE DF DEATH [Enter only one cause per	line for (a), (b), and (c).]		ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	eagerata	y . cardeac arrest		
HH3X DUE TD	0			
Conditions, If any, which gave rise to immediate (b)	or pulor	ionale + acidoses		
cause (a), stating the DUE TO	· ·	. /		
underlying cause last. (c)	ulmoun	Hyperline	19. WAS AUTOPSY	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS  202. ACCIDENT WAS UNDERLYING  DR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	UTING TO DEATH BUT NOT RELA	ATED TO THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?	
2			YES NO	
20a. ACCIDENT WAS UNDERLYING ☐ 20b. ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH ☐ (IF EITHER, NDTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury In Part I or Part II of Item 18.	)	
			-1.3 (01-1-)	
ZOC. TIME OF INJURY Month, Day, Year 20d. Hour a.m. While p.m. 19 at wor	facto	CE OF INJURY (Home, farm, 20f. (City or town) (Cou bry, street, office bidg., etc.)	nty) (State)	
p.m. 19 at wor				
21. I certify that (I) (this hospital) attend		196 to 196		
saw the deceased alive on	3 0 19 6 /, and that	t death occurred at 1 12M, from the causes and on the		
22a. SIGNATURE	1 0 -	ATTENDING MED STAFF O	ATE SIGNED	
22c. PHYSICIAN'S	Raco M.I	D. PHYS. DIRECTOR PHYS. DIVINE	21, 1967	
NAME (Type)	hards	11011 Carraia A. C.1. C	prina Md	
	23c. NAME OF CEMETERY			
REMOVAL (Specify)			1	
24 FUNERAL DIRECTOR CHIEF ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE				
Warrer & Pumphrey Inc. S.	434 Georgia Aug	DATE IN 2 9 1967 Poliane	es Judge	

VR AI5 (4) 20M I/65

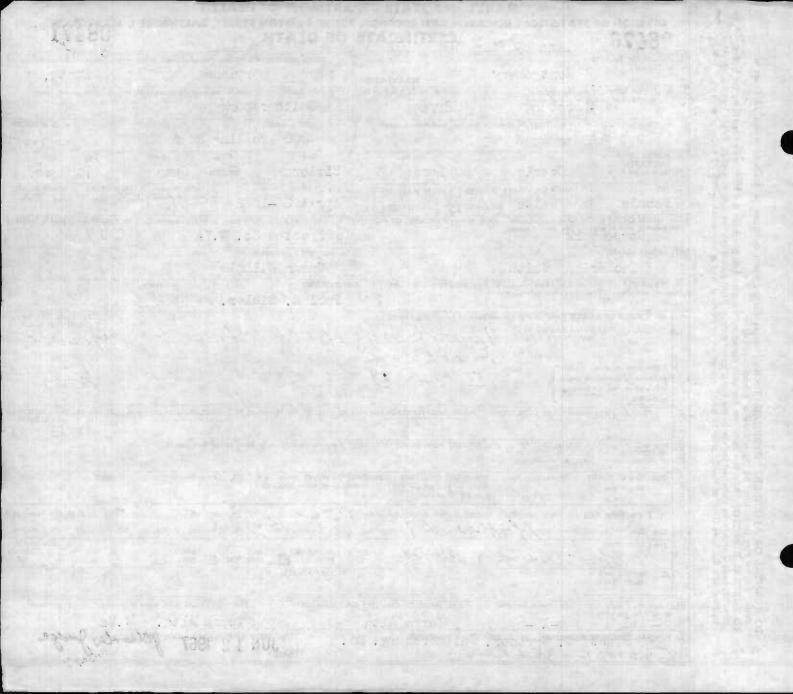
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MARYLAND	STATE DEPARTMENT	OF HEALTH

•	DIVISION OF 08476	Item #9 Fin	CERTIFICATE	OF DEATH	STREET, BALTIMOR	E 1, MARY	177	
1.	PLACE OF DEATH a. COUNTY	Montgomery	MARYLAND		CE (Where deceased lived, If anyland b. Coun	1914	ontg,	n)
	write RURAL and	outside corporete limits, give nearest lown ther sourg	c. LENGTH OF STAY IN 16  2yrs	c. CITY OR TOWN	If outside corporete limits, write sburg	RURAL end give	neerest town)	
		al or institution (if not i	n hospitel, give street eddress)	d. STREET ADDRESS	olling Road		ON A FARM	4?
3.	NAME OF DECEASED (Type or print)	Dessie	Middle Londa	Sisler	4. DATE Month	_	th 1967	
5.	Female	1871a 2 4 a	ARRIED NEVER MARRIED 8.	April 23-1	o -lest birthhey)	IF UNDER 1 YEAR Months Deys	Hours Min.	5.
10 de	one during most of was	ON (Give kind of work king life, even if retired)	Db. KIND OF BUSINESS OR INDUSTRY		nty & Stete, or foreign country) Co. W.Va	US A	OF WHAT COUNTE	ξ¥?
13	FATHER'S NAME Zachar	iah Smith		14. MOTHER'S MAIDEN Susan Wi				
15 (Y	WAS DECEASED EVE	R IN U.S. ARMED FORCES? yes give war or detes of service)	16. SOCIAL SECURITY NO. 17. II	Paul A. Si	sler. As No 2		MALE !	
	PART I. DEATH	I WAS CAUSED BY: MMEDIATE CAUSE (+) DUE TO	per line for (e), (b), and (c).)  2 cute Conge  Exilure	stive	Heart	in oi	TERVAL BETWEEN NSET AND DEATH HULFEJ	_
	Conditions, if any geve rise to immedie (a), steting tha un ceuse lest.	ite ceuse	A.1+.0.			1	ENL	
CERTIFICATION			CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMI	NAL DISEASE CONDITION GIV		19. WAS AUTOPS PERFORMED? YES NO	Y
		AS UNDERLYING [] 20b [] CAUSE OF DEATH [MEDICAL EXAMINER]	. DESCRIBE HOW INJURY OCCURRED	). (Enter nature of Injury i	n Pert I or Pert II of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour a.m. p.m.		20d. INJURY OCCURRED   20e. PLAC While No! Whila facto t work at work	E OF INJURY (Home, ferr ry, streat, office bldg., eld	m, 20f. (City or town)	(County)	(Steta)	
	21. I certify the	11/0/	itended the deceased from		M, from the causes			e.
	22c. PHYSICIAN'S NAME (Type)	Jums	n acce m.	01111C [7]	MED. STAFF PHYS.	6-	8-67	
23	BURIAL, CREMATIC REMOVAL (Specify) BURIAL	0N, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	Terra Alta.	wn or county) W.Va	(State)	=
24		stsignatum artner	Gaithersburg. Mo	DATE 258.	N 1 2 1967 256. A	TENEFORM OF THE PARTY OF THE PA	junge	



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove perbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

3

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 08472 08477 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)	
a. CDUNTY	a. STATE -24 D. CDUNTY	
MARYLAND MARYLAND	Maryland Mondagenester	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TOWN (If outside corporate limits, write BURAL and give nearest town)	
write RURAL and give nearest town)	00' 101'	
Selver Thung	Ocher Strug 15.11	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   0. IS RESIDENCE	
11111 SUIS PART	DN A FARM?	
11101 242 Cours	11/01 aly E Cours YES NO	
3. NAME OF First Middle	Last 4. DATE Month Day Year	
(Type or print)	Slive DEATH JULLE 20 1967	
E SEV	8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.	
5. SEX 6. COLDR OR RACE 7. MARRIED NEVER MARRIED	last birthday) Months   Days   Hours   Min.	
TEMALE WULLE WIDDWED DIVORCED	4/24/1910 56 yrs.	
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS DR /	11. BLATHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT	
during most of working life, even if retired)   INDUSTRY	COUNTRY?	
State of Mary Land Confidence 181	Mushinglow W. C. 4.24	
13. FATHER'S WAME	14. MOTHER'S MAIDEN NAME	
I deel le though lich adu	Paris Factor	
100 gen jungenion	10012c	
15 WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND. 17.	INFORMANT	
(1) Jes give was di dates di service)	artyl SlyE Same as # 2 above	
70	7	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN DNSET AND DEATH	
PART I. DEATH WAS CAUSED BY: CARCINEMA O	lung with metasteses 19 months	
Thintestare and the second	ming will maragress.	
163X DUE TD		
Conditions, If any, which (b)		
gave rise to Immediate DUE TO		
underlying cover leet		
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY	
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	PERFORMED?	
YES NO		
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT REL  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
3 20c. TIME DF INJURY Month, Day, Year   2Dd. INJURY DCCURRED   20e. PL	ACE DF INJURY (Home, farm,   20f. (City or town) (County) (State)	
While - Not while -	ory, street, office bldg., etc.)	
p.m. 19 at work at work		
21. I certify that (I) (this hospital) attended the deceased from	Oct 1965 to 6/20 1967, that (1) (we) last	
	at death occurred at Line from the causes and on the date stated above.	
22a. SIGNATURE	22b. DATE SIGNED	
228. SIGNATURE	ATTENDING - MED. STAFF	
Kuhard M. Nul/Men, M.	D. PHYS. DIRECTOR PHYS. D 4/21/67	
22c. PHYSICIAN'S	22d. ADDRESS	
NAME (Type) KICHART HIFFMAN	2001- EXE Street M.W.	
19:01/12:00	1007	
	Y DR CREMATDRY 23d. LOCATION (City, town or county) (State)	
REMOVAL (Specify) Specific 24/967 Franchill	self linskups It	
24. FUNERAL DIRECTOR	25a. REC'D BY REGISTRAR   28b. REGISTRAM'S SIGNATURE	
SA TITULAL 254 GOLDEN S	1.36 W 1611 & O 100 MI . C. O	
Journal 1865 The Victor De	DATEJUN 2 6 196V Munico Jungo	

VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPI 2, and 3 to PM3. Poge permit. File pages 1 and 2 with the State Deport should be forwarded to the Chief Medical Examiner's Office along with form Give Pages 24 hours ofter death. in Item 1 pencil .⊑ certificate should be executed pending burial-transit writing the word O be used execute the certificate, **EXAMINER:** funeral director.

after death hours any event within 72 .⊑ removal, may be retained for your times. FUNERAL DIRECTOR: Page 3 should buriol, cremotion, or Heolth prior to

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH District of Columbia a. COUNTY Montgomery MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town)

Bethesda (rural) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Washington DOA IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? Naval Hospital 5901 7th Street, N.W. NO be 4. DATE 3. NAME OF First Middle DECEASED 67 SMITH June Darwin Enoch DEATH (Type or print) IF UNDER 1 YEAR B. DATE OF BIRTH AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Negro Male January 9, WIDOWED 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 1Db. KIND OF BUSINESS OR Oo. USUAL OCCUPATION (Give kind of work done wring most of working life, even if retired)
Captain, U. S. Army
3. FATHER'S NAME COUNTRY? INDUSTRY USA Pittsburg, Pennsylvania 14 MOTHER'S MAIDEN NAME Rosa Eaton Samuel Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Washington, (Yes, no, or unknown) (If yes give wor or dates of service) Mrs. Ethel E. Smith, 5901 7th St., N. W. Yes 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: 30NSHAMARES Coronary Thrombosis, acute IMMEDIATE CAUSE (o) 4201 DUE TO Coronary arteriosclerosis, severe vears Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. (Stote) 2De. PLACE OF INJURY (Home, farm, (City or town) (County) 2Dd. INJURY OCCURRED 2Dc. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour o.m. ot work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy 🕱, Inspection 🛣, Inquiry X and in my apinian death resulted fram: Natural causes X. Accident ... Hamicide | Undetermined manner Suicide | CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER **SIGNATURE** June DEPUTY MEDICAL EXAMINER **EXAMINER'S** 1967 Address (Street, city, town, or county) John G. Ball, M. D. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify Burial Arlington, Va. Arlington National 2Sa. RETURN RESISTRAR John T. Rhines & CoADDRESS Icharles Judg 3015 12th Street. N.W., Washington, D. C.

VR A15ME (5)

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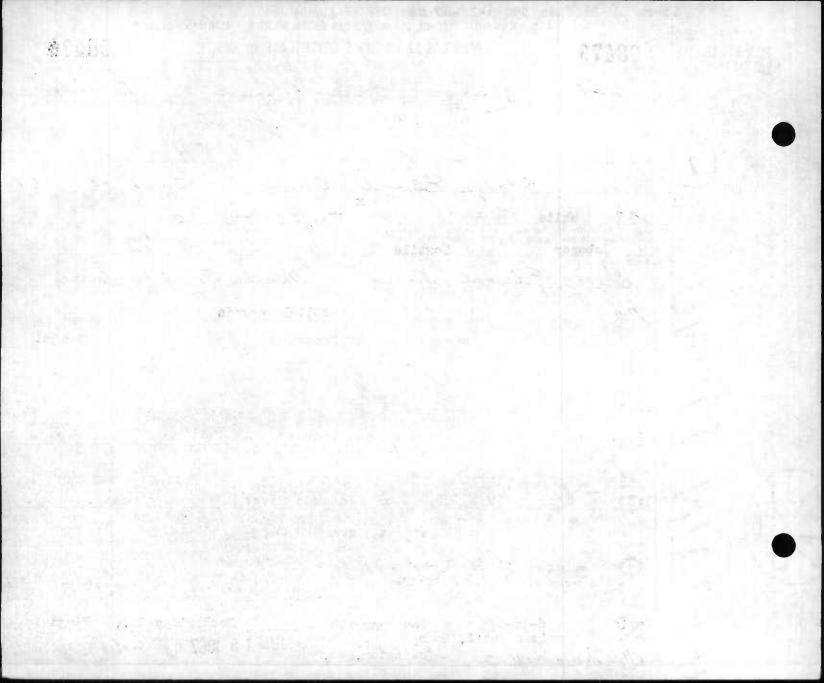
Complete Annual Agency Actions

Jeho 1. Intono h Un.

John & Boll

John C. Mail, M. J.

1	cems 18-21 Film 390 6-26MARYLANDSSTATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
OR STATE	08473 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	18474
ALTH DEPT.		bludge
and and and	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  LENGTH OF STAY IN 1b  C. CITY OR TOWN(If outside carparate limits, write RURAL and give nearest town)	3.3
Office along with form I ond 2 with the State Deporter death.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  d. STREET ADDRESS  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
, ± .	3. NAME OF First Middle Lost 4 DATE Month OF DECEASED (Type or print) George Edward Smith DEATH June	Day Year 19 6 7
· \$ .	S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  B. DATE OF BIRTH  9. AGE (In years lost birthday)  Months  White  WIDOWED  DIVORCED  Tely 23, 1943  3 yrs.	Doys Hours Min.
0 -	Juring most of working life, even if retired)  Industry  Textile  Industry  Industry  Textile	OUNTRY? USA
le pag hours	13. FATHER'S NAME Deorge Edward Saws Martha Elizabeth	Smith.
2 -	15. WAS DECEASED EVER MU.S. ARMED FORCES? (Yes, no, or unknown) (Hyes give wor or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  Hospital Records	
tronsit pe	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Asphyxia due to Drowning	INTERVAL BETWEEN
any	Conditions, if ony, which gove (b)	
and in	rise to immediate couse (a), stating the underlying couse last.	
_`	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  20b. Went in swimming in river and drowned	19 WAS AUTOPSY PERFORMED? YES NO
5	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.)	
Cremation,	20c. TIME OF INJURY Month, Doy, Yeor  20d. INJURY OCCURRED  3:30  P.m. 6/11  19 67  20d. INJURY OCCURRED  20d. INJURY OCCURRED  20d. INJURY (Home, farm, factory, street, office-bldg., etc.)  Potomac River  Mont	ounty) (Stote)
riol, Cre	21. I certify that I took charge of the remoins described above, held an Autapsy , Inspection , Inquiry , death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
DIRECTOR: Page r to buriol, crema	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNEE
Softh prior	EXAMINER'S JOHN J. Roger 5 M. O. S. (Spe M. Address (Street, city, town, or county)	Jense 19, 196
Heo!#	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)  REMOVAL (Specify) 6-16-67 New Monmonth Rockbridge Co	(County) (Stote) Virginia
(5)	24. FUNERAL DIRECTOR Harrison Fun. 1. Home ADDRESS  W. M. Grick Cuberger Lexington, Va.  Williams, Va.  25. REGISTRAR'S  ALEN 15 1967  Cliante	SIGNATURE



00172

		CERTIFICATE	OF DEATH	00219
		PRACE OF DEATH  a. COUNTY  MARYLAND  MARYLAND	USUAL RESIDENCE (Where deceosed lived, if institution: Resid o. STATE	ence befare odmission)
	Ŀ	MONTGOMETY  b. CITY OR TOWN (If outside corporate/limits, c. LENGTH OF STAY IN 1b write RURAL and give neorest tawn)	c. CITY OR TOWN (If autside corporate limits, write RURAL ond g	ive neorest town)
	K	ensing ton' Didaus.	Washington:	47.3
	1/	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
0		ensing on Gordens SANITERIUM	5/24 33 Rd ST WASH - D.	YES NO V
	-	NAME OF OF First Middle  DECEASED. (Type or print)  P. Smy	Lost 4. DATE Month OF DEATH	Doy Year
		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	. DATE OF BIRTH 9. AGE (In years   IF UNDE	R 1 YEAR   IF UNDER 24 HRS.
		M WIDOWED DIVORCED	5-5-1983   lost birthdoy)   Manths	Doys Haurs Min.
)	10a. duri	1. USUAL OCCUPATION (Give kind of work done ing most of working life even if retired)  1. USUAL OCCUPATION (Give kind of work done INDUSTRY INDUSTRY	Tr. Dicting of Country	COUNTRY?
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U. 5. A.
		Patrick Smuth.	MargareTa Doyle	
			NFORMANT J. Address	
	(10	NO 5'4-60-1738 7/6	OSPITAL / ECORDS	
		18. CAUSE OF DEATH (Enter only one couse per line for (a),\(\begin{array}{c} (b), \text{ only } (c).\) PART I. DEATH WAS CAUSED BY:  OTHER PROPERTY CAUSE (c).  OTHER PROPERTY CAUSE (c).	78. 64. P ==	INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (a) DUE TO	JUI MILES (S	10 19140123
		Canditians, if any, which gave ) (b)		
		rise to immediate couse (a), stating the underlying cause DUE TO		
		last. (c)		
2	NO		HE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)	19. WAS AUTOPSY PERFORMED?
	CAT	EMO/Aysema	Control of the Contro	YES NO
	L CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter noture of injury in Port I ar Port II af item 18.)	
	MEDICAL		E OF INJURY (Hame, form, 1971), street, office bldg., etc.)	Caunty) (State)
		21. I certify that (1) (this hospital) attended the deceased fram $\sim$	UNR / 1966, to Jy We /, 19	67, that (1) (we) last
			death accurred at/10 P.M. from causes and an	
		220. SIGNATURE	ATTENDING MED. STAFF	DATE SIGNED
		22c PHYSICIAN'S M.D.	PHYS. DIRECTOR PHYS. DIRECTOR DIRECTOR DIPHYS.	NZ1,196/
1		NAME (Type) JA1425 M. hottus M.	0 54/5-Connectint du	e Wash-D.C.
	230	D. BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C	REMATORY . 23d. LOCATION (City or Town)	(County) (State)
	2	BUNGAL (Specify) 6-5-1967 MT. O.L.	2So. REGISTRAR 2Sb. REGISTRAR	SIGNATUR
	2	HA In A	JUN 6 1967	may Just

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 moy be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

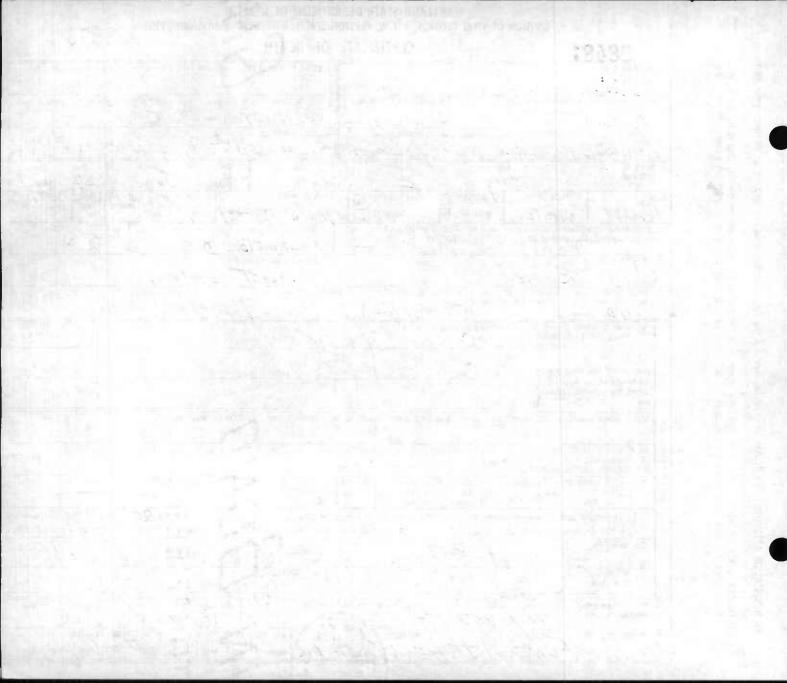
**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and **larget** event, within 72 hours after depth.

### DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

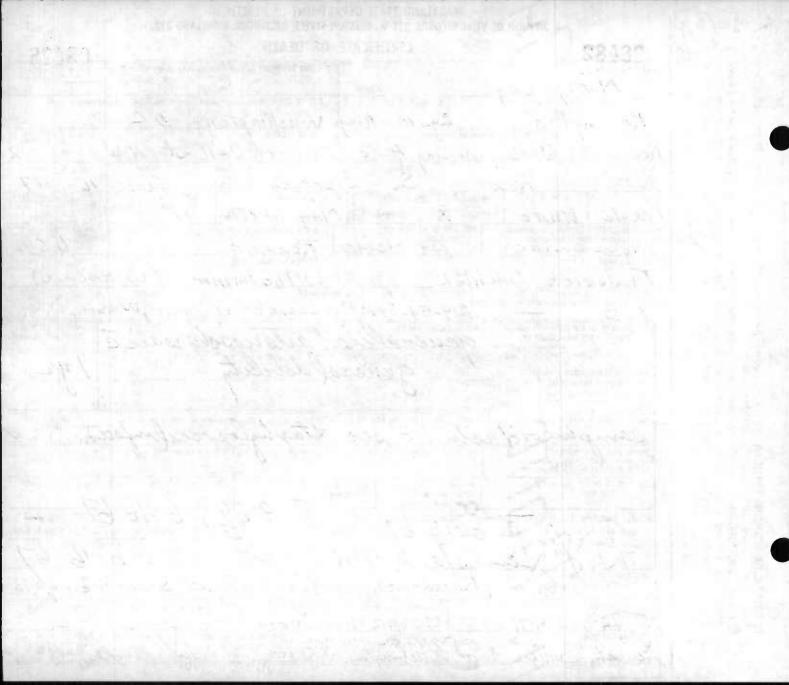
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G	2	0	6	J

- 2		08481	CERTIFICATE	OF DEATH	
Inneral		PLACE OF DEATH a. COUNTY//		2. USUAL RESIDENCE (Where deceased lived, if institution a. STATE b. COUN	
<b>5</b> (18/1)	L	Mon gomery -	MARYLAND		4/-5
Pages aurs afte		<ul> <li>b. (ITY OR TOWN (If autside corporate limit write RURAL and give pearest tawn)</li> </ul>	1 .1 .	c. CITY OR TOWN (If outside corparote limits, write RUR.	AL and give neorest tawn)
s. Pag haurs	-	Mensingion-	2 Months - 4 days	WashingTon-DC	I A IC DECIDENCE
papers. Min 72 h		d. NAME OF HOSPITAL OR INSTITUTION (IF r Kensington CArde		d. STREET ADDRESS/ 5/24-33=Street.	e. IS RESIDENCE ON A FARM? YES NO D
TEE	3.	NAME OF	irst Middle	Last 4. DATE Manth	
and completely remove darban in any event, wi	L	OECEASED (Type or print)	gry E. S	omyth. OF DEATH June	29 1967
remove any ever	S.	SEX 6. COLOR OR RACE	,	8. DATE OF BIRTH 9. AGE (In years last birthday)	Manths Days Haurs Mir
au	1	EMALE. White	WIDOWED DIVORCED	MARCH 28-1889 78 yrs.	
i i	10c	i. USUAL OCCUPATION (Give kind af wark dand ing mast af warking lite, even if retired)	e 10b. KIND OF BUSINESS OR UNDUSTRY	11. BIRTHPLACE (Caunty & State, or fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
5		Mone	None -	Washington, D.C	4.5.
	13.	FATHER'S NAME	2	14. MOTHER'S MAIDEN NAME	
	10	Charles Bearen Was Deceased Ever In U.S. ARMED FORCES	14 SOCIAL STOURITY NO. 117.	MFORMANT Address	
	15	es, na, ar unknawn) (If yes give war ar dates		THIS MARGARE	T Borger Lieugh
crematian, ar removal, and in	F	18. CAUSE OF DEATH (Enter only one co	use per line far (a), (b), and (c).)	1	INTERVAL BETWEEN
burial, cremat		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSI	(0) Cancer of h	rel	ONSET AND DEATH
		/530 DU	E TO	~ I	14
		Canditians, if any, which gave rise to immediate cause (a),	(b) Caucer Vot	WION	Mu Know
i.		stating the underlying cause	E 10		1000
		last.	(c)		Lio Was Autonsy
2	No	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
0	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING	20P DESCRIBE HOW INTERA OCCURRED	(Enter nature of injury in Part I or Part II of item 18.)	YES NO
			on non	Commission of import in rotal	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m.		CE OF INJURY (Hame, farm, 20f. (City ar tawn) ory, street, affice bldg., etc.)	(Caunty) (State)
	W	p.m. Mory	at wark at wark	More	
			spital) attended the deceased from	1 VNe , 1966, to JUNE 35	7, 196, that (I) (we)
		saw the deceased alive on 22a. SIGNATURE	19 (c 1, and that	deoth occurred of M, fram causes of	and on the date stoted abo
		220. SIGNATURE	Id States M.	D. PHYS. MED. STAFF DIRECTOR PHYS.	6 29 /6 7
- 1	1	22c. PHYSICIAN'S	N. A. C.	22d. ADDRESS	10/2/2/2/
		NAME (Type) JAMES	1 M.// hottus	15415 - Courection	it Ave. n-u
	230	BURIAL, SEMANON 23b. DATE THE CONTROL (Specify)	HEREOF 23c. NAME OF CEMETERY OR.	CREMATORY 23d. LOCATION (City or Town	(County) (State)
shauld b	24	I. FUNERAL DIRECTOR	ADDRESS ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REC	GISTRAR'S SIGNATURE
	1 %	D	14		

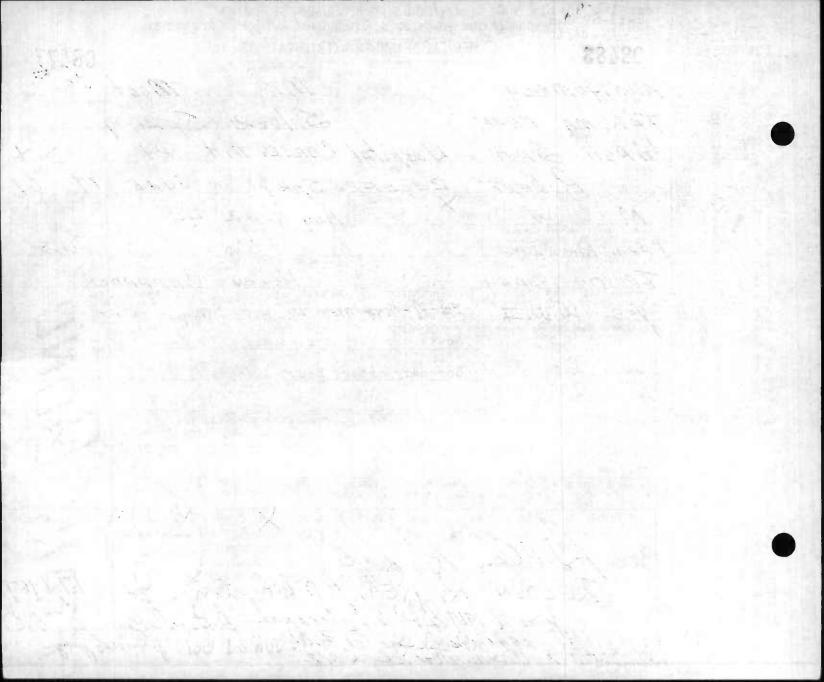
VR A15 (4) 25M 1/67



- 2-		08482			CERTIFICATI	OF DEATH		Telk in	08476
r deoth.  unerol l ond 2 er deoth.		PLACE OF DEATH	4			2. USUAL RESIDENCE o. STATE	(Where deceosed lived,	if institution: Residence b. COUNTY	before admission)
fer frer frer		/YOU	Tacmers  outside corporate limit	1	MARYLAND ENGTH OF STAY IN 16	CITY OD TOWN U	D. C.	-1- DINDAL1 -1	
hours ofter n by the fu s. Poges 1 hours ofter		write RURAL ond g	ive georest tawn)	1		1 2	outside carparote limits,	White KUKAL and give	nearest rown)
hou in by rs. I hou		A NAME OF HOSPITAV	OR INSTITUTION (If no	ot in hospital, give	treet address)	d. STREET ADDRESS	191011-	9	e. IS RESIDENCE
within 24 hours ofter sly filled in by the fur papers. Poges 1 within 72 hours ofter	1	Censingto	0		ing Home.	3800 - M	CALL S	+. N.W	ON A FARM?
ithir ly fil with		NAME OF DECEASED	Fi	rst	Middle	Lost	4. DATE	Month	Doy Year
completely ove carbar event, with		Type or print)	150	SC	J. 3	pingary.		June	16 1967
ow my	S.	Town 1/2	LICH FO	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	A. DATE OF BIRTH	1876 9. AGE (In lost bir	rthday) Months	YEAR IF UNDER 24 HRS. Doys Hours Min.
that the deoth certificate be executed within 24 in.  In.  by the ottending physician and completely filled is onsit permit. Then please remove carban pape remation, or removal, and many event, within 72	100	USUAL OCCUPATION (C	ive kind of work done	10b. KIND O	F BUSINESS OR		ty & Stote, or foreign coun	yrs. 12. CITI	ZEN OF WHAT
ician lease and r		ng most of working life	even if refired)	INDUST	T HOME	KOMAI	MA		NTRY? 4.5.A.
physici physici en ple oval, a	13.	FATHER'S NAME		/ /		14. MOTHER'S MAIDE	1	ſ	
omo	10	WAS DECEASED EVER		achtek 14 sou	L SECURITY NO.   17.	INFORMANT	lminA	Address	voun)
that the deoth certifi on. by the ottending phy tronsit permit. Then cremation, or remova			yes give wor or dates o		54-8440 M		BRATENIA		H. De
he d e off peri fion,		1B. CAUSE OF DEAT	H (Enter only one cou			1 7	- 10	1 -	INTERVAL BETWEEN
that th on. by the ronsit p		PART I. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE	1201		ed are	roscler	ssisc	ONSET AND DEATH
- 6 - 5 -		4500 Conditions, if ony, w	DUE		BOMOS	al doli	O.t.		124
equires physic signed buriol- buriol,		rise to immediate of stating the underly	ouse (o),	(b)	Jenes	up o co c	2009		1
e law r tending us been os the prior to		last.	ing coose	(c)			1		
he ly he ly has ly has le os e os he pri	NO	PART II. OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTING TO DE	ATH BUT NOT RELATED TO	THE TERMINAL DISEASE	ONDITION GIVEN IN PAR	RT 1(9) 7 7	19. WAS AUTOPSY PERFORMED?
AN: The old of the old	CERTIFICATION	700. ACCIDENT WAS U	mgord	rem	E HOW INJURY OCCURRED	States natural di iniuni	Port los Port II of ità	of mysell	YES NO
できょうち		OR CONTRIBUTING   (IF EITHER, NOTIFY ME	CAUSE OF DEATH	ZOD. DESCRIB	E HOW INJUNT OCCURRED.	(tiller liotore or illipity	Profit of Foll II of He	(III 1b.)	
PHYS he hos his cel etoche Dept.	MEDICAL	20c. TIME OF INJURY		20d. INJURY While		ACE OF INJURY (Home, fo		town) (Cou	nty) (Stote)
by that the property of the pr	M	p.m.	19	ot work	ot work	7-10	16	( 11 1.	7
rendi ned b R: Aft old b the St			that (1) (this has	pital) attended	the deceased from_	ot death occurred	145 M from	couses and on the	∠, that (I) <del>(we)</del> la
R ATTI retain RECTOR 3 shou with t		220 SIGNATULE	L'IVE SIT	7			1-1	22b/ DA	TE SYBNED
y be re y be re L DIRE oge 3 filed w		A	J. Xe	ngo/a	CR IVA	ATTENDING PHYS.	DIRECTOR PH	AFF D 6-	16-6/
T De D e		22c. PHYSICIAN'S NAME (Type)	FEORGE	F/SENC	STACK, M.	D. 9241	OL. BLUD,	SILVER S	RING, MA
Page 4 r O FUNER director should b		BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THE	EREOF 23	NAME OF CEMETERY OR		23d. LOCATION (		County) (Stote)
5 5 5 p	0	REMATI. FUNERAL DIRECTOR	on 6/17/	67		LL CREM	C'D BY REGISTRAR	2Sb. REGISTRAR'S SI	SNATURE .
VR A15 (4)	24	Jan 6	efacela.	8 5139	ADDRESS CONSIA	DATE DATE	C D DI KEGISIKAK	Clarle	0 100
	4	Joseph .	JIMMUM)	vous, u	ressurgion	VIC. I DAIL	IN 2 6 1967	yward	1 0



- 1	It	7-13-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
OR STATE		08483 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	77
FALTY DEPT.		PLACE OF DEATH  o. COUNTY  b. CITY OR TOWN (If outside carparate Units, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)	n)
r death. If any dely ve Pages 1, 2, on 3 y with farm PM3. The State Department		d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street, oddress)  d. STREET ADDRESS  e. IS ON	RESIDENCE A FARM?
Give Pages Give Pages Ing with farn In the State I	1	NAME OF DECEASED (Type or print) ROBERT ZELEFRO SORY DEATH JUNE 17	Year 19 6 7
# 5 E	S.		NDER 24 HRS
	dur	o. USUAL OCCUPATION (Give kind of work dane ring most of working life, even if retired)  10b. KIND OF BUSINESS OR II. BIRTHPLACE (Stote or fareign country)  11. BIRTHPLACE (Stote or fareign country)  COUNTRY?	AT .
be executed within 24 "pending" in pencil in itef Medical Examiner's ansit permit. File pages ent within 72 haurs afte	-	TRUING SORY HELEN CRAPPOCK	
executed ading" in Medical Epermit. F		was deceased every U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address es, no, or unknown) (If yes give wor of dotes of service) 214-18-4094 MRS NAOMI Spry - Wife	
should be executed within 24 hours or word "pending" in pencil in Item 18, to the Chief Medical Examiner's Office, burial-transit permit. File pages Tond 12, n any event within 72 haurs after death.	1		. BETWEEN ND DEATH
s certificate should be executed within 24, writing the word "pending" in pencil in farwarded ta the Chief Medical Examiner's used as a burial-transit permit. File pages laval, and in any event within 72 haurs after		Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse  (b) Coronary artery heart disease  DUE TO	5
This certificate cate, writing the be farwarded to be used as a Fremanal, and in	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS PERFIT YES X	AUTOPSY ORMED?
年 卫 L	CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY	
EXAMINER: cute the certifage 4 shauld your files. Page 3 shauld crematian, a	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19 20d. INJURY OCCURRED While at wark of w	(State)
DEPUTY MEATCAL EXAM sessary, please execute the funeral director. Page 4 may be retained far your FUNERAL DIRECTOR: Page salth prior ta burial, crema		deoth resulted from: Natural causes 🗷 , Accident , Suicide , Homicide , Undetermined manner	my opinic
		SIGNATURE ASSISTANT MEDICAL EXAMINER	ATE SIGNED
o DEPUTY MEA necessary, pleas the funeral dire S may be retail 5 FUNERAL DIR Health prior ta	Pate	EXAMINER'S BELDEN EAPLY DADRESS (Study Structure) ALLICE T.  BURIAL CREMATION, ABB. DATE THEREOF LOS MANE OF CENETRRY OF CREMATORY 230/20CATION (City on Town), D. (Country)	196°
5 = = O =	24	REMOVAL (Specify) June 20 1967 Styling Spencagal Dettrick Times Les	Md
VR A15ME (5) (1)	1	A FUNERAL DIRECTOR OF REGISTRAR 256,	~



24 haurs after .⊑ filled completely t executed pup certificate that the death signed by certificate be retained by the hospital ar ATTENDING PHYSICIAN:

O HOSPITAL

and in any cremation, ar remaval, be detached far use as the State Dept. af Health prior to TO FUNERAL DIRECTOR: After this

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b COUNT MARYLAND omer b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ve carbon papers. Pages event, within 72 hours aft c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 0 thesara ato d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 70 YES NO K 3. NAME OF DATE First Middle Dov Year DECEASED OF DEATH 20 (Type or print) 19 SEX 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 7. MARRIED NEVER MARRIED last birthday) Months Dovs Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired **INDUSTRY** COUNTRY? Housem 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service INFORMANT 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street office bldg ot work 21. I certify that (I) (this haspital) attended the deceased fram director, page 3 shauld shauld be filed with the and that death occurred sow the deceased alive onfrom causes and on the date stated above 22o. SIGNATURE MED. DIRECTOR PHYS 22c. PHYSICHAN'S 22d. ADDRESS NAME (Type) BETHE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. DATE THEREOF LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4)

The state of the s TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Poge 4 moy be retained by the hospitol or ottending physician.

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0848	5		CERTIFICATE	OF DEATH		08479
	PLACE OF DEATH o. COUNTY	ontgomery		MARYLAND	2. USUAL RESIDENCE ( o. STATE Wiscon	(Where deceased lived, if institution: b. COUNTY	Residence before admission)
	b. CITY OR TOWN	If autside carparate limit	ts,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If a	utside corporate limits, write RURAL	and give nearest tawn)
		d give nearest tawn)		12 3035	Madiso		01.2
-		da (rural) TAL OR INSTITUTION (If n	at in basnital s	13 days	d. STREET ADDRESS	JII	L & IS PESIDENCE
		Hospital	or in nospitol, (	give sheet dudiessy		rthwestern	e. IS RESIDENCE ON A FARM? YES NO S
	NAME OF DECEASED (Type or print)	Gord	irst On	Middle Wayne STC	Lost FLET	4. DATE Month OF June	29 Day Year 19 67
S.	SEX	6. COLOR OR RACE	7. MARRIED		B. DATE OF BIRTH		FUNDER 1 YEAR   IF UNDER 24 HRS.
	Male	Cauc	WIDOWED	DIVORCED	Oct. 18, 19	20 birthday) N	Manths Days Hours Min.
		N (Give kind of work done life, even if retired)		IND OF BUSINESS OR IDUSTRY		y & State, ar fareign cauntry) Wisconsin	12. CITIZEN OF WHAT COUNTRY? USA
13.	FATHER'S NAME	Stoflet		14	14. MOTHER'S MAIDEN	NAME a Ginger	45
	s, na, ar unknawn) Yes	ER IN U.S. ARMED FORCES? (If yes give war or dates	af service)	KNOWN F	NFORMANT Hospital re	Address cords	
	PART 1. DEA PART 1. DEA PART 1. DEA Conditions, if one rise to immedia stating the under last.	r, which gave ) te cause (a), (	(a) Seve (b)	ne Cramole		que to missile	INTERVAL BETWEEN ONSET AND DEATH  OWEN ON WEST OF WEST
ATION	PART II. OTHER S	IGNIFICANT CONDITIONS	ONTRIBUTING 1	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	Enemy Action		Port I or Port II of item 18.)	
MEDICAL	Haur a.	m. May 1319	67 While	Nat While fact	CE OF INJURY (Home, far ary, street, office bldg., etc	Viet Nam	(County) (State)
	21. I cert saw the c	ify that*(I) (this ha eceased alive an_s	spital) atten Tune 29	ded the deceased fram_ 1967, and tha	t death accurred a	19 67 to June 29 t 205AM, fram causes an	
	22c. PHYSICIAN	Telasu	) X	Welman.	L 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.	22b. DATI SIGNED 67
	NAME (Type	F. L. EDE	LMAN, M	I. D.	Naval H	ospital, Betheso	ia, Ma.
230	BURIAL, CREMATI	ON, 23b. DATE TH	1967	23c. NAME OF CEMETERY ARE ROSelawn/Cer		Madison Wisc	consin
24	FUNERAL DIRECTO	11 0 11 0 0 120		Co. ADDRESS W. Washington,	4000		TRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completate filled in by the fageral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 20 M 1/66

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#### CERTIFICATE OF DEATH

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	00200	CERTIFICATE	OI DEATH	U	0230
	ACE OF DEATH		2. USUAL RESIDENCE (Where dece		ence before odmission)
0.	COUNTY Montgomer	✓ MARYLAND	o. STATE Marylai	nd b. COUNTY P	6
	CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corpo	prote limits, write RURAL and g	ive neorest town)
-	write RURAL and give nearest town),	7 Lays	Brentwoo		1.2.
1	NAME OF HOSPITAL OR INSTITUTION (If not in ho	ospitol, give street address)	d. STREET ADDRESS		e IS RESIDENCE
	1	ium + Hospital	3800 Shepha	and Street	ON A FARM?
	AME OF First	Middle	Last 4. DATE OF	Month	Doy Year
Y	ype or print) Harry	Leroy	J CONE, IT DEAT		13 1967
E)	ha / I I I I I I I I I I I I I I I I I I	ARRIED NEVER MARRIED   8	11/26/95	9. AGE (In yeors lost birthdoy) Months	R 1 YEAR   IF UNDER 24 HRS   Doys   Hours   Min.
		10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or	foreign country) 12.	CITIZEN OF WHAT
g	most of working life, even if retired)	INDUSTRY	Maryland		CUNTRYS. A.
F	ATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Maurice St	oner	Reyhold	S	
W	VAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
es, r	no, or unknown) (If yes give wor or dates of service	( 216-44-8869 H	ospital Reco	ords, Wash.	San. & Hoss
1	18. CAUSE OF DEATH (Enter only one couse per	/1 /	-	70.001	INTERVAL BETWEEN
ľ	PART I. DEATH WAS CAUSED BY:	themia.			ONSET AND DEATH
	IMMEDIATE CAUSE (o)	DIMINIOS.			1 / 2 -
C		netastati, Conce	nome in he	Cadde	1 C Mont
	ise to immediate couse (o),			100101	
	toting the underlying couse (c)	Carcinamo	n an hadd	m	
P	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GI	VEN IN PART 1(o)	19. WAS AUTOPSY
					PERFORMED? YES NO
20	00. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in Port I or P	ort II of item 18.)	1 113 XX 110 L
0	OR CONTRIBUTING CAUSE OF DEATH			on a diam ton	
1	IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor	20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form, 20f.	. (City or town) (C	ounty) (Stote)
-	Hour 'o.m.	While Not While focto	ory, street, office bldg., etc.)	(2.1) 2. (2.1.)	(5,0,0)
-	p.iii.	of work U of work U	WM/10 - 1- 10 ( ·	4- 1/4b 10	/ O 45-4 MV / VI
	21. I certify that (I) (this haspital) saw the deceased alive an	attended the deceased framework $(3)$ $(2)$ $(3)$ $(4$	double accounted at 10	to 6/13 , 19	L), that (N) (we) lo
-	220 SIGNATURE	3/1 - 17 - 7, dila illai	dealli accorred di 22 1		DATE SIGNED
1	District a hali	4.0	ATTENDING MED.	STAFF	4/13/67
	22c, PHYSICIAN'S	3 M.D	1111.51		
1	NAME (Type) Arthur J. Wi	lets	1015 Spring s	t Silver Sprin	ng Md.
30.	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY 23d.	LOCATION (City or Town)	(County) (Stote)
В	REMOYAL (Specify) June 16, 1	967 Ft Lincoln Ce		mar Manor Pro	1 11 1
-	FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY REGIS		
	F. Gasch's Sons	Hyattsville, Md.	JUN 19 1	1967 Scharle	y Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remays cachon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in on event, within 72 hours after death.

VR A15 (4) 25M 1/67

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### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESE	ARCH AND RECORDS, 301	W. PRESTON STRE	ET, BALTIMORE, MARYLAND 2	21201
08487	CERTIFICATE	OF DEATH		08491
1. PLACE OF DEATH  o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (V	/here deceased lived, if institution: Resident B. COUNTY	dence before admission) Montgomery
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	tside carparate limits, write RURAL and	give nearest tawn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital,	-ive shoot address)	Rockville		e. IS RESIDENCE
Suburban Hospital	give street address)		ain Lock Road	ON A FARM? YES NO P
3. NAME OF First DECEASED (Type or print) ROBERT LEE SWAIN	Middle N. Sr.	Last	4. DATE Month OF June 3,196	Day Year
S. SEX  Male  6. COLOR OR RACE  7. MARRIED  White  Widowed		Sept.20,190	9. AGE (In years IF UND	ER 1 YEAR   IF UNDER 24 HR
during mast af working life, even if retired)	KIND OF BUSINESS OR NDUSTRY Lilding	11. BIRTHPLACE (County  Marylane		CITIZEN OF WHAT COUNTRY?
13. FATHER NAME		14. MOTHER'S MAIDEN N		
Jessie A. Swain		Unknown		
(Yes, no. or unknown) (If yes give war or dates af service)		nformant rginia M. S	Address Swain-Item# 2	
1B. CAUSE OF DEATH (Enter only one couse per line-to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(4), (b), and (c).)	inforetic	) ij	ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  DUE TO  (b)  DUE TO  (c)	dronary at	Idosclar	Dais	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	SESCRIBE HOW/INJURY OCCURRED. (	Enter nature of injury in I	Part I or Part II af item 18.)	
20c. TIME OF INJURY Manth, Day, Yeor Hour a.m. While p.m. 19 at wa	e Not While facto	E OF INJURY (Hame, farm ary, street, office bldg., etc.)		(County) (State)
21. I certify that (I) (this haspital) atters saw the deceased alive on		, 1 death accurred at	M, from causes and ar	
220. SIGNATURE ONO X (31	LCY M.D		MED	6/3/67
22c. PHYSICIANS NAME (Type) D. L. Bucy		809 Viers	Mill Rd., Rockvi	lle,Md.
23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
Burial 6/6/67	Monocacy	2So. REC'D	Beallsville, Md BY REGISTRAR 2Sb. REGISTRAR	
Tyson Wheeler Funeral Hor Rockville, Md.	me-1331 Rockvi	lle Pike JU	N 8 1967 FLIGHT	nles judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after deat VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND dence before admission)

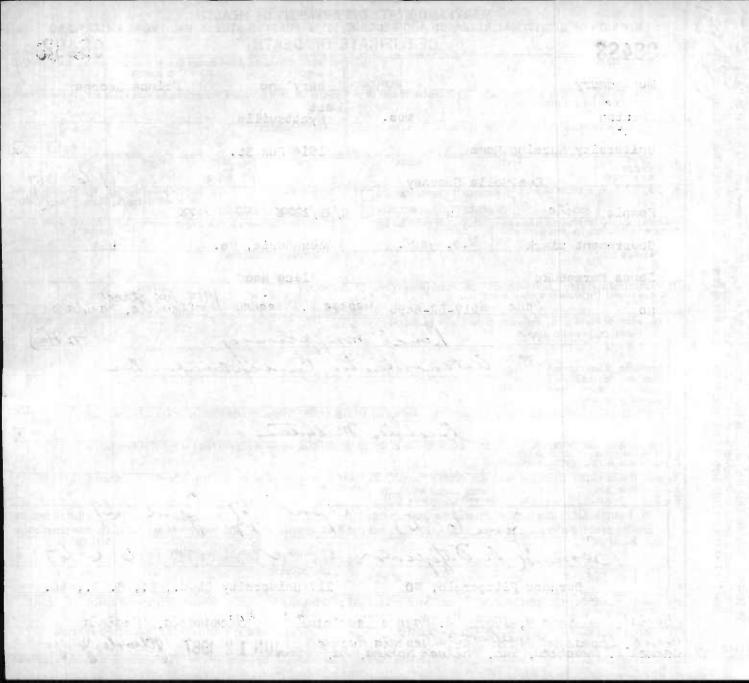
		001.85			CERTIFICAT	E OF DEAT	Н				08	132	
	1.	PEACE OF DEATI				2. USUAL RESIDEN	VCE (Wh				esidence	before ad	Imission)
l			OTV		MARYLANO	a. STATE Maryland	4		b. COUNT	e Cer	2700		1
		b. CITY OR TOW	Bry N (if outside corporat	e limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (	If outsid	le corporate lin	nits, wri	te RURAL	and giv	e neares	t town)
			and give nearest tow	n)	2 1	West					- /-		
		d NAME OF HO	PITAL OR INSTITUTE	N (if not in h	nospital, give street address)	d. STREET AODRESS	lla		-		16	. IS RES	IDENCE
		at them of the	N TIME ON INSTITUTIO	11 (11 1101 111 1	iospital, 6170 Street address/	d. STREET ACCRES	3					ON A F	ARM?
		Univers	ity Nursing	Home		1914 Fox	St.				1	ES _	NO LX
-	3.	NAME OF DECEASED	FI	rst	Middle	Last		DATE OF	Month		Day	Yea	ar
		(Type or print)	Fva	Relle	Sweeney			DEATH		6.	16	19 1	67
	5.	SEX	6. COLOR OR RACE		NEVER MARRIEO	8. DATE OF BIRTH		9. AGE (In	years	IF UNDER	1 YEAR	IF UNDER	24HRS
			white	WIDOWED		0/00/2/200/	200		thday)	Months	Days	Hours	Min.
	ins	Female	ION (Clue kind of work		KIND DF BUSINESS OR	8/29/1891 /	8 90		yrs.	112 0	ITI7EN	OF WHAT	
	dur	ing most of work	ION (Give kind of work ing life, even if retire	d) 100. I	INDUSTRY	TT DIVILLANDE (	County of	e State, of foreign	i countay)		OUNTRY		
			ent clerk	I U.	S. Gout.	Alexandri	a. V	la.		US	SA		
	13.	FATHER'S NAM	E	10/17/1		14. MDTHER'S MA	IDEN NA	ME					
		Jamas M	lanmaduka			Alice R	hood						
	15	. WAS DECEASED	larmaduke EVERINU.S.ARMEDFO	RCES?   16	SOCIAL SECURITY NO.   17.	INFORMANT	660		Addres	8 .			
	(Ye	s, no, or unkown)	(If yes give war or dates o			rge W. Swee	awau.	19145	ox 3	tree		- 1	
	-	no			1-02-0430	rye w. owe	ervey	Hyatts	vill	e, 1%	aryl		THEFT
					line for (a), (b), and (c).]							RVAL BE	
			ATH WAS CAUSED BY IMMEDIATE CAUSE	(a)	Kenal do	sufficien	uce	1			7	24	es
		4221	OUE	TO /		2	./			4			
		Conditions, If		(b) U	Tenoscheni	ce Card	cho	Teach	ac.	Dea			
		gave rise to	OHE	, ,			1						
	9	cause (a), si underlying caus	ading the										
	Z			(C)	UTING TO OEATH BUT NOT REL	ATED TO THE TEDMINAL	DICEAS	FCONDITIONC	IVENTRE	DADT 1(2)	119.	WAS AL	ITOPSY
	CERTIFICATION	PARTITIO THERS	SIGNIFICANT CONDITTO	Maconinib			LDISEAS	SECONDITION	IVERTICE	ANT I(a)	13.	PERFOR	MED?
	FIC.					mellitan	-				YE	S	NO X
	RT	20a. ACCIDENT	WAS UNDERLYING DEAP NG CAUSE OF DEAP IFY MEDICAL EXAMI	20b.	OESCRIBE HOW INJURY OCC	URRED. (Enter nature	of Injury	y In Part I or P	art II of	Item 18	.)		
	CE	(IF EITHER, NO	TIFY MEDICAL EXAMI	VER)									
	MEDICAL	20c. TIME OF	INJURY Month, Day,	Year   20d.	INJURY OCCURRED   20e. PL			20f. (City or t	own)	(Co	unty)	(:	State)
-	<u> </u>	Hour a.r		While	- NOT WHITE	ory, street, office bldg.,	etc.)	^					
	Z	р.і		at wor		Chlamb	(-	) ()	0		7		
				ital) attend	led the deceased from	Copora,	19	, to_	ne	_, 19_	1 '	nat (I) (v	
			ceased alive on	rine	196/, and tha	it death occurred at	FP	M, from the	causes a				above
		22a. SIGNATU	(E)	1.	x+	ATTENDING	MED.	STAF	-	22b. 0	1	GNED	
		1=	Demand	no	yestean M.	D. PHYS.	DIREC			6	6	6/	
		22c. PHYSICIA NAME (T)			0/	22d. ADDRESS							
		WANTE (1)	Bernard	Fitzger	rald, MO	217 Unive	ersit	ty Blvd.	, E.	, S.	S.,	Md.	
	23a	. BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME DF CEMETER			d. LOCATION					tate)
ĺ		REMOVAL (Spe	ocify)	1067	C+ Ma. 1. C.	***	0	1 . 1 .	- 1	1:			
ĺ	24	SURVAL OIRE	ctor June 9	190/	Dr. Mary 1 (en	nevery	FC'D BY	REGISTRAR	25b. RF	GISTRAR	'S SIGN	ATURE	
	0	ohn B. A	Lamas Jenik	1311411	8434 Georgia Au	eque III	N 1	2 1967	oci	worl	2, C	uder	
		arner (.	Pumphrey.	Inc.	silver Spring.	Md. DATE	IJ T	4 1001	1		1	9	

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VR A15 (4) 15M 4-64

24 hours after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after-death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
08483
CERTIFICATE OF DEATH

PLACE DE BEATH

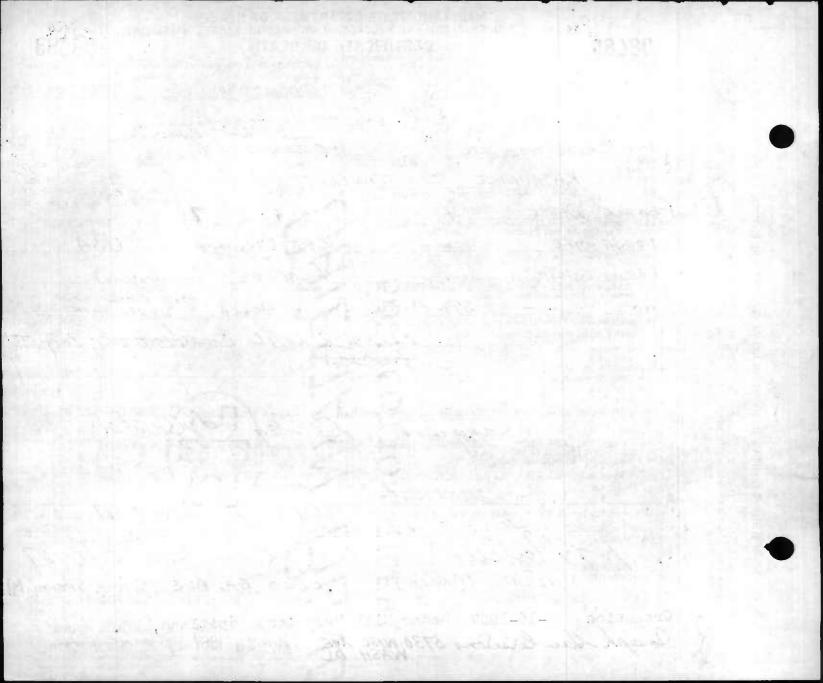
CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

	-	a. COUNTY	a. STATE b. COUNTY
		MONT GONERY MARYLAND	MARY LAND MONTEMERY
		b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
	-	SILVER OPRINGS DIRETIME	DILUER DARINGS. 151
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 2417-EVANS DRIVE ON A FARM?
8		Hory Cross Hosp, TAL	YES NO NO
	3.	NAME OF First Middle	Last 4. DATE Month Day Year
		OECEASED (Type or print) KATHERINE C TALL	BERT DEATH 6 - 9 1967
Я	5.		8. DATE OF BIRTH 9. AGE (In years   IF UNOER 1 YEAR   IF UNDER 24 HRS.
	7	EMALE WHITE WIDOWED DIVORCED	11-4-88 last birthday) Months Days Hours Min.
	10a dur	I. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		HOUSE WIFE = -	WEST VIRGINIA USA
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		FRANCISCO MINICIPALITY	Leaving Sand
	15	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address X
		es, no, or unkown) (If yes give war or dates of service)	T / 2417 EVAN DR. M
		NO 1 1279-98-3906 -	DANICE HERDA SILVER SPRINGS. MD
		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Close Cardiorascus, Constaid
		H221 DUE TO LYDON	10
Н		Conditions, If any, which (b)	se ,
		gave rise to Immediate (	
		underlying cause last.   DUE ID	
	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 2(a) /19. WAS AUTOPSY
3	E A	6 2112-200	PERFORMED? YES NO T
	E	2Da. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
	CERTIFICATION	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ANELS, (Little Hatuy of Hijury in Part 1701 Part 11 of Item 26.)
	Ä	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAGE	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
	MEDICAL	Mulle L- Not Mulle L-	ry, street, office bldg., etc.)
	Z	p.m. 19   at work   at work	11 13 19 11 11 11
		21. I certify that (I) (this hospital) attended the deceased from	1961, to 110 7, 1961, that (1) (we) last
			t death occurred at PM, from the causes and on the date stated above.
		22a. SIGNATURE	ATTENDING MED. STAFF DIRECTOR PHYS.
		N T / Touches M.D	
		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
		NAME (Type) WIKE AM MARRIES.	10620 GA. AUE. Silver Spring, M
	23a	BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	C	remation 6-14-1967 Cedar Hill	Crematory Suitland Wa
		FUNERAL DIRECTOR	25a. REC'D BY REGISTRAR 1 256 REGISTRAR'S SIGNATURE
	5	to seph Sawlers Jong 5730 WISC A	TYE JUN 20 1967 Charles Junge
	1//		/\//   DAIE

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08484 CERTIFICATE OF DEATH 08490 1. PLACE OF DEATH
p. COUNTY
Montgomery
b. CITY OR TOWN (If outside corporate limits,
write RURAL and give nearest town)
Silver Spring 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) Maryland Montgomery MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) D.O.A. Rockville

d	. NAME OF HOSPITA	AL OR INSTITUTION (If no	t in hospitol, give street	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
H	oly Cros	s Hospital			5001 Russ	ett Road		YES NO
. [	NAME OF DECEASED (Type or print)	Fii William	st	Middle 9 rving	Jaylor, gr	4. DATE Mor OF DEATH	June 2	
s. s	sex	6. COLOR OR RACE white	WIDOWED	DIVORCED DIVORCED	8. DATE OF BIRTH June 20, 192	4 100	Months Doy	s Hours Min.
duri	ng most of working	(Give kind of work done life, even if retired) ex Hccounta	- INDUSTRY	101	of 11. BIRTHPLACE (County & New Yo	rk	12. CITIZEN COUNTR	
	father's name filliam 9	rving Tayle			14. MOTHER'S MAIDEN NA Eleanor Sul	Livan		
(Ye	WAS DECEASED EVE s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of WII & Kozea	f service) 46. SOCIAL SE 123~/6	CURITY NO. 17 6-5-653 20	sephine R. Ja	ylor Rockvi		load yland
	18. CAUSE OF DE PART I. DEAT	ATH (Enter only one cou H WAS CAUSED BY: IMMEDIATE CAUSE DUE	se per line for (o), (b), (o) Me + 100		arcinoma o	Hanny		ONSET AND DEATH
,	Conditions, if ony, nse to immediat stating the under last.	which gove e couse (o),	(b)					
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO	) THE TERMINAL DISEASE COND	PITION GIVEN IN PART 1(o)		19. WAS AUTOPSY PERFORMED?  YES NO
L CERTIFICATION		UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	205. DESCRIBE H		D. (Enter noture of injury in Po			
MEDICAL	20c. TIME OF INJU Hour o.r p.r	10			LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
	saw the d	fy that (I) (this hose eceased olive on_	pital) attended the	deceased from 1967, and th	not death occurred of	to 6/1/35 M, from cause	s and on the	
	220. SIGNATURE	nie K.	alper	A	M.D. ATTENDING M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE S	1 -7
	22c. PHYSICIAN'S NAME (Type	Louis	KU. A	Iparli	XD 23001	K St. 1X	-W.	(6)
230 18	REMOVA) (Specify	June 2		NAME OF CEMETERY C	Nat'l Cemeter			nia
29	onn Birecte	homas the	Inc. Silve	Georgia L'Epring	HURNUR	0, ((20)0)	Charles	<b>A</b>

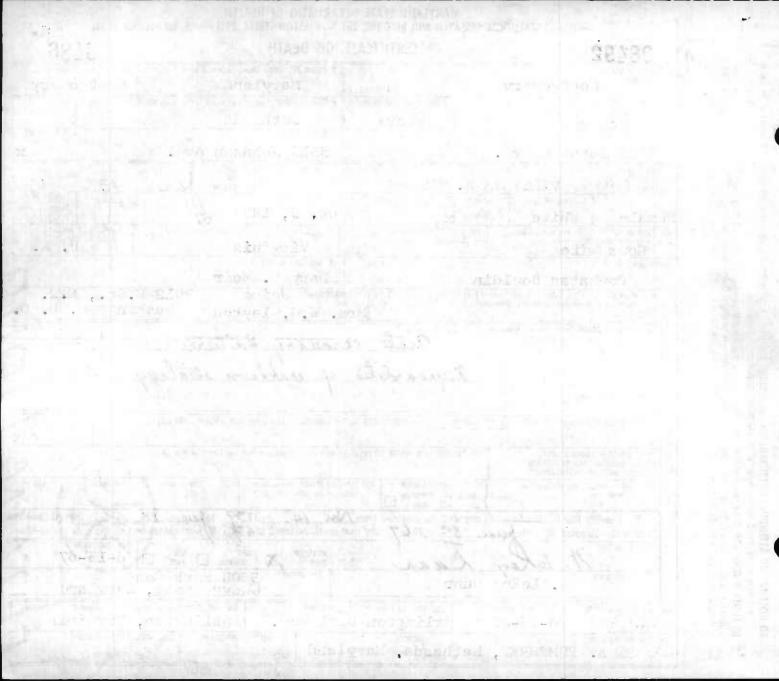
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or ottending physician.

death

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			2.40. 2.110

NA		08492			08486
VI		PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	o. STAT Maryland b. CO	Montgomery
00		o. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Bethesda	c. LENGTH OF STAY IN 1b	Bethesda	15.1
00		S. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, g. 5515 Johnson Ave.	give street oddress)		e. IS RESIDENCE ON A FARM? YES NO X
00		NAME OF First DECEASED (Type or print)  VIRGINIA B.	Middle THAMES	Lost 4. DATE MC OF DEATH LLNG	Doy Year
	S.	SEX 6. COLOR OR RACE 7. MARRIED		8. DATE OF BIRTH Oct. 5, 1899 9. Act (In years jost birthday) 67 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Doys Hours Min.
	dur	ng most of working life, eyen if retired) INI	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County & State, or foreign country)  Virginga	12. CITIZEN OF WHAT COUNTRY?U.S.
		Powhatan Bouldin		Mary E. Moir	
	15. (Ye	Powhatan Bouldin  Was DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of service)  No  Was DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of service)  Was DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of service)  Washington, D  INTERVAL E	w.St., N.W. shington, D. C.		
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		rougry failure	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove isset to immediate couse (o), stoting the underlying couse lost.  Conditions, if ony, which gove the course (b) DUE TO (c)	Vegacardilis	of unknown eticlog	gy 3 years
2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFICATION	206. ACCIDENT WAS UNDERLYING ☐ 20b. DE OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.)	
	MEDICAL	Hour o.m. While p.m. 19 of worl	k Not While for	tory, street, office bldg., etc.)	
		21. 1 certify that (I) (this hospital) attentions as the deceased alive an sure of the same of the sam	ded the deceased fram 1967, and the	1939, takene at 4 4 My fram cause	es and an the date stated abov
		220. SIGNATURE  7. BROWN  22c. PHYSICIAN'S	saens.		□ 6-13-67
A palli ag pinous		NAME (Type) W. LEROY DUI		2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Maryland b. COUNTY Montgomery  b. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bethesda d. STREET ADDRESS 5515 Johnson Ave.  Lost 4. DATE OCt. 5, 1899 AST (In years Death Oct. 5, 1899 AST (In years Doss Hours Month Oct. 5, 1899 AST (In years Doss Hours Month Oct. 5, 1899 AST (In years Doss Hours Month Oct. 5, 1899 AST (In years Doss Hours Min.  11. BIRTHPLACE (County & State, or foreign country) VIS.  11. BIRTHPLACE (County & State, or foreign country) VIS.  14. MOTHER'S MAIDEN NAME Mary E. Moir  17. INFORMANT Neice Mrs. W.G. Clayton Washington, D. C.  Carousary factors  DIRECTOR Washington, D. C.  Carousary factors  DIRECTOR INJURY (Home, form, form, forther, office bidg, etc.)  Oc. PLACE OF INJURY (Home, form, forther, office, office bidg, etc.)  M.D. PLACE OF INJURY (Home, form, forther, office, office bidg, etc.)  M.D. PHYS.  MED.  MED.  STAFF DOS.  ATTENDING MED.  STAFF DOS.  ATTENDING MED.  STAFF DOS.  ATTENDING MED.  22d. ADDRESS 5508 Park Road Chevy Chase, Maryland	
	L	BURIAL (SPENATION, REMOVAL (Specify) 6-16-67	23c. NAME OF CEMETERY OR Arlington N	atl Cem. Arlingto	n, Virginia
2		FUNERAL DIRECTOR DBERT A. PUMPHREY, Bet	thesda, Mary		REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Them #2a, b, c & d Film #(ATE) OF DEATH

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9	C		ontgomery			YLAND	2. USUAL RESIDENCE (	बाब Te	xas b. (OU	Model !	apple th	on)
		Beth	If outside corporate limit d give nearest town) LESCA		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	!/ Au	stin		80.	_
	C		al or institution (if n n Hospital	ot in hospitol, g	ve street oddress)		d. STREET ADDRESS Pottoniac/Ya		ady Lane		e. IS RESIGNATED ON A F	ARM?
	[	IAME OF ECEASED Type or print)	Howa	irst rd	Middle R.		Lost <b>Phomas</b>	4. OATE OF OEATH	Mon June	3	Doy Yes	67
1	Ma	le	6. COLOR OR RACE		NEVER MARRIE		July 12,18	87 7	AGE (In yeors 9lost birthdoy) yrs.	Months 0	EAR IF UNDER Doys Hours	Min.
	duri	ng most of working R	(Give kind of work done life, even if retired) etired		O OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County Virginia		eign country)	COUN	EN OF WHAT ITRY? US	
		FATHER'S NAME ohn B. T	homas				14. MOTHER'S MAIDEN Frances R				1	
			R IN U.S. ARMED FORCES? (If yes give wor or dotes		OCIAL SECURITY NO. 3-62-0653-		FORMANT L. Thomas-	13900 Rockv	Glen Mil	I Road		
		18. CAUSE OF D PART I. DEA  3 2 2 Conditions, if ony rise to immedio- stoting the unde- lost.	, which gove te couse (o),	10.	(o), (b), ond (c).)	scul	lo the	oult	gas-		INTERVAL BET ONSET AND I	WEEN DEATH
	CERTIFICATION	PART II. OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING T	and cl	well	TERMINAL DISEASE CO				19. WAS AUT PERFORM YES X	OPSY NEO? NO [
	AL CERTI	OR CONTRIBUTING (IF EITHER, NOTIFY	MEDICAL EXAMINER)		JURY OCCURRED		E OF INJURY (Home, for		(City or town)	(Count	bu)	(Stote)
	MEDICAL	Hour o. p.	m. 19	While of work	Not While of work	focto	ry, street, office bldg., etc	.)				
		sow the d	ify thot (I) (this ho eceased alive on_		led the deceased	from ond that	death occurred a	19 <u>6.5</u> , to	, from causes	and on the		
		22c. PHYSICIAN'S	SIN	M. Jon	WK BU	Wym.o	ATTENDING PHYS. 22d ADDRESS	MED. OIRECTOR	STAFF PHYS.	D 22b DATI	SIGNED 30-6	7
/		BURIAL, CREMATI REMOVAL (Specific Crematio	ON, 23b. OATE TH	HEREOF	23c. NAME OF CEM		REMATORY		CATION (City or To	e Co I	Marwlan	Stote)
K			eler Funera	l Home-	AODRESS -1331 Rock	ville	Pike 250. REC	D BY REGISTR	AR 1967 R	EGISTRAR'S SIG	NATURE June	dan.

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death		PLACE OF OEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
0		o. COUNTY Montgomery MARYLAND	o. STATE Manyland b. COUNTY Man Learnery
Pages I		b. CITY OR TOWN (If outside corporate limits   L. LENGTH OF STAY IN 1b	MARYLAND  C. LENGTH OF STAY IN 16  3 weeks  Sopital, give street address)  d. STREET ADDRESS  APT COLA  Widdle  Last  Middle  Last  Month  Doy  For ARRIED  DIVORCED  DIVORCED  DIVORCED  B. OATE OF SIMTH  19. AGE (In years structure)  Months  Doys Hours Min.  DOWN home  10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or fareign country)  None  11. BIRTHPLACE (County & State, or fareign country)  Maryland  11. BIRTHPLACE (County & State, or fareign country)  Down home  11. BIRTHPLACE (County & State, or fareign country)  Maryland  11. BIRTHPLACE (County & State, or fareign country)  Dorsey L. Thompson Silver Spring, Maryland  Witterval Etriveen ONSET AND GEATH  ONSET AND GE
papers. Pag	1	Switzer Spring. 3 weeks	Wheaton Silver Spring 15.1
2 hc		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
pape 1	Ì	Anixorsity Nursing Home	
等		NAME OF First Middle	Last 4. DATE Month Doy Year
13	1	OECEASED (Type or print) Mary Frances	Thompson OFATH June 19 1967
Ker			8. OATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
E.A. on	1	Fe male White WIDOWED DIVORCED	6 4/18 78 89 Styrs. Months Days Hours Min.
or removal, and in on			
, and ir	duri		Maryland U.S.A.
,		FATHER'S NAME	
אסר	u	Villiam Barnes	Margaret Coupard
Leu	15.		NFORMANT 1132 APPEcola Avanue
ion, or re	(16	es, na, ar unknawn) (If yes give war or dates of service) None Do	
burial, cremation, or rema		18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN
ешс		PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Corpus Desir	are long failure 3 mos.
burial, cr		DUE TO COSTO	
uria		Canditians, if any, which gave rise to immediate cause (a),	develyes.
to b		stoting the underlying couse DUE TO	
should be filed with the Stote Dept. of Heolth prior to		last. (c)	L10 WAS AUTORY
h p	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	PERFORMED?
3	CERTIFICATION	flerent Debility	
-	ERT	OR CONTRIBUTING CI CAUSE OF CEATH	(Enter nature of injury in ran i or ron ii of item 18.)
<u>.</u>		(IF EITHER, NOTIFY MEDICAL EXAMINER)	CF OF INHIPY (Home form 1904 (City or town) (County) (County)
2	MEDICAL	Haur a.m. While While factor	
	-	19 at wark _ of work _	10.7. 10.7.
ם ש		saw the deceased alive on	t death occurred at 2 12 M from causes and on the date stated above
		220. SIGNATURE	
<u>×</u>		1 = ./3 1 1	ATTENDING MED. STAFF
i i		20c PHYSICIAN'S	
a /		NAME (Type) K. C. 13U Fall NO, Mil).	1929 University Bloda. Selver springht
550	230	8 BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR C	CREMATORY 23d. LOCATION (City or Town) (Caunty) (State)
5 0	13	REMOVAL (Specify) June 22, 1967 St. John's C.	emetery Forest Glen, Maryland
In.	24	FUNEBAL OIREGOR TER ( Ston Cinter 8434 Georgia Av	25a. REC'O 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE
(4)	Ub	rner & Pumphrey Inc. Silver Spring	Myre DATUN 2 2 1967 Tollarles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remineration papers. Pages

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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#### CERTIFICATE OF DEATH

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00433	CERTIFICATE	OI DEATH		00100
1. PLACE OF DEATH a. COUNTY MONTGOMEL	Y MARYLAND	2. USUAL RESIDENCE (When	e deceased lived, if institution b. COUNTY	
b. CITY OR TOWN (If autside caparate limits, write RURAL and give neorest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If autsight	arparate limits, write RURAL	and give negrest tawn),
d, NAME OF HOSPITAL OR INSTITUTION (If not in haspite Kensington GALLENS	al, give street address)	d. STREET, ADDRESS Spady (	DAKS MAI	POR   e. IS RESIDENCE ON A FARM? YES   NO
3. NAME OF DECEASED (Type or print) ARTHUL	Middle /c	00/2 5R. 4	DATE OF Manth DEATH QUITE	Pay Year 4 1967
MALE White WIDOW	IED NEWER MARRIED 8	DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
0o. USUAL OCCUPATION (Give kind af wark dane luring mast af warking life, even if retired)	SCHOOL OF BUSINESS OR STOREST STATES	11. BIRTHPLACE (County & Ste ASper Co.	Low A	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME TOO!		SALINA	E OLDI	man
No. 1	16. SOCIAL SECURITY NO. 17. 11. 11. 12. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	M. arthur T	Address CSa	me as #2)
18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (o), (b), and (c).).	inte Cong.	Failure	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave ) DUE TO	rection	0		
rise to immediate cause (a), stating the underlying cause last.	acopo.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITI	ON GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO.
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED	Enter wature of injury in Port	Part Maf item 18.)	
Hour o.m.		E OF INJURY (Home, farm, ary, street, office bldg., etc.)	20f. (City ar town)	(Caunty) (Stote)
21. I certify that (1) (this haspital) att	ended the deceased from	death occurred at 4:	500M, from couses an	d on the dote stated above.
220. SIGNATURE Byolino	M.D	111101	O. STAFF PHYS.	22b. DATE SIGNED 6-4-67
22c. PHYSICIAN'S NAME (Type) Russell C. Bu	Falino, M.)	22d. ADDRESS 142 9	Inversity	Blodu . Ss, me
23a. BURIAL CREMATION, 23b. DATE THEREOF SURE 9.196	7 Menroe Cen	retiry	23d. LOCATION (City or Town	shy Jasper Co. Sours
21. EUNERAL DIRECTOR LATTER , 254Ca	rrell SINW-Wast	DATE JUN	REGISTRAR 25b. REGIS	STRAKS SIGNATURE

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campfetely filled in by th directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages shauld be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 haurs of Page 4 may be retained by the hospital ar attending physician.

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of H	1		CERTIFICATE OF BEATT	00430
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nuero T	110	o, COUNTY	o. STATE	b. COUNTY
	1	b. CITY OR TOWN (If autside carparate limits,	MARYLAND Manyland	montgamery
y the f Pages urs afte	a.R	b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside ca	rparate limits, write RURAT and give nearest tawn)
Pa	600	write RURAL and give nearest town)	31/2 has Takema 1.	7 / /6/
s. Pag hours	W	Jakoma Jakk		e. IS RESIDENCE
- Je -	7	71d. NAME OF HOSPITAL OR INSTITUTION (If not in haspit	di, give street dodress)	ON A FARM?
E.0 =	16	Washington Jan. 4	7115 4/10d	land Hue YES NOV
4- W-1	1,	3. NAME OF First	Middle Last 4 D	ATE Manth Day Year
armont of, with	K	DECEASED	01	
campletely lave car <b>bo</b> y eveat, wi	4	(Type or print)  S. SEX  6 COLOR OF RACE MAPP		9. AGE INVEGES   IF UNDER 1 YEAR   IF UNDER 24 HRS.
ev ev	11	S. SEX 6. COLOR OF RACE 7. MARR	ED NEVER MARRIED   8. DATE OF BIRTH	last birthdoy) Months Days Hours Min.
ema any	X	male White WIDOW	ED DIVORCED   8/21/06	60 yrs.
and rem in an	W	1Do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	N. KIND OF BUSINESS OF INDUSTRY 11. BIRTHPLACE (County & State,	
cian ease and i		during most of working life, even if retired)	INDUSTRY U.S. GOUT.	COUNTRY?
rsician and cam please remave I, and in any ev		13. FATHER'S NAME	4. Por Wiscensin	U.S.A.
hys d c	2	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
hel	4	William G. Tourne	Penol A	ee se
ending physinit. Then plot or remaval,	1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. INFORMANT	Address
nit	0	(Yes, no, or unknawn) (If yes give war or dates af service)	067-01-1899 \ Pearl & Jour	7115 Woodland Avenue
attending physician permit. Then please ian, or remaval, and	Ta	1		
by the ransit p	8	18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:	far (a), (b), and (c).)	INTERVAL BETWEEN "ONSET AND DEATH
msi me	1	IMMEDIATE CAUSE (g)	Acute pulmonary edema	Hours
4 5	-	1420/ DUE TO		
signed by the att burial-transit perr burial, crematian,		Conditions, if ony, which gave ) (b)	Severe arteriosclerotic heart	disease di years
Sign	101	rise to immediate cause (a),		
		stating the underlying cause i	M: 12 1	
rtificate has been of far use as the af Health priar ta			With acute cornnary insufficie	
as	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
icate ha far use Health	10	Diabetes mellitus  20g ACCIDENT WAS UNDERLYING 1 20b		YES X NO
certificate thed far us ot. af Healt	6	E 20g. ACCIDENT WAS UNDERLYING ☐ 20b	DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I a	1 24
等元至	1	OR CONTRIBUTING CAUSE OF DEATH	. DESCRIBE HOW INJURY OCCURRED. (Ellier lidible di liligity ili Fait I d	rait ii at iiem 16.)
nec	Re			
this certi detached e Dept. at	2			Of. (City ar tawn) (Caunty) (State)
de de	10	Haur o.m. No. 19 at	hile Nat While factary, street, office bldg., etc.)	
tal tal	7			to Chu 16 1967 that (1) (wa) last
d b		21. I certify that (I) (this hospital) of	ended the deceased fram view, 19	
oul th		saw the deceased alive on	16 1967, and that death occurred at	
ECTOR: After this ce 3 should be detache with the State Dept.		22 a. SIGNATURE	Tulling ATTENDING MED.	STAFF 22b. DATE SIGNED
3 d v		1 / Lever 11-	M.D. PHYS. DIRECT	
fige of		22c. PHYSICIAN'S	Chaling 22d. ADDRESS	billion a
A be	1	NAME (Type) ALBER / /-	U-ROLLHAM 1106 9	PRING 91. Persales was
TO FUNERAL DIRECTOR: After this director, page 3 should be detacted should be filed with the State Dep	-	22- DUDIN COUNTION CON DATE THEORY		LICCATION (C)
Fe De		23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF		d. LOCATION (City or Town) (County) (State)
Oip	0	Burial June 20, 190	57 Fort Lincoln Cemetery 1-	rince Georges Co. Md.
	h	24. FUNERAL DIRECTOR Colon Call	ADDRESS OF DESID BY DE	GISTRAR 25b. REGISTRAR'S SIGNATURE
R A15 (4) N	1.	tarner & Pumprey Inc	DAN DESCRIPTION 2	196/ Charles Judge

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0849	7		CERTIFI	ICATE	OF DEATH			08	491
PLACE OF DEATH     O. COUNTY	Montg	omery	MARYL	LAND	2. USUAL RESIDENCE (Vo. STATE North	Where deceose	b. COUNT		re odmission)
b. CITY OR TOWN	(If outside corporate limits		c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (If ou			L ond give neores	st town)
Beth	nd give neorest town) nesda (rural	)	6 hrs 5 n	nin	Camp	LeJeur	ne	70.3	3
d. NAME OF HOSP	TAL OR INSTITUTION (If no	t in hospital, g			d. STREET ADDRESS				o. IS RESIDENCE ON A FARM?
Nava	al Hospital				MOQ	2509		1000	YES NO K
3. NAME OF DECEASED (Type or print)	Christ		Middle Thomas	M	TOWNSEND	4. DATE OF DEATH	Month June	Doy 27	y Year 19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		. DATE OF BIRTH		AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male	Cauc	WIDOWED	DIVORCED		6 March 196	7	lost birthdoy) yrs.	Months Doys	Hours Min.
IOo. USUAL OCCUPATION	ON (Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or fore	ign country)	12. CITIZEN O	
during most of workin	ig life, even if refired)	INL	DUSTRY N/A		Camp LeJe	eune, I	I. C	COUNTRY	USA
13. FATHER'S NAME					14. MOTHER'S MAIDEN I		3000		
Thomas	A. Townsend				Anne Tau	bitz			200
IS. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. S	OCIAL SECURITY NO.	17. 1	NFORMANT		Address	I	N.C.
N/A	(If yes give wor or dotes o	i zeraice)	N/A	Tho	mas A. Town	send.	MOQ 2509	. Camp I	LeJeune
Conditions, if or rise to immediatoring the unclast.	ny, which gove ote couse (o), derlying couse	(b) TO	(				, , , , , , , , , , , , , , , , , , ,	Lio	. WAS AUTOPSY
PART II. OTHER	SIGNIFICANT CONDITIONS CO	ONTRIBUTING T	O DEATH BUT NOT KEEP	AIED IO I	HE TERMINAL DISEASE COL	NDITION GIVEN	I IN PAKI I(0)		PERFORMED? YES NO
OR CONTRIBUTION	/AS UNDERLYING □ NG □ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OC	CURRED. (	Enter noture of injury in	Port I or Port	II of item 1B.)		
Hour (	p.m. 19	While of work		focto	E OF INJURY (Home, forn ory, street, office bldg., etc.		(City or town)	(County)	(Stote)
21. I cer saw the	tify that (4) (this hos deceosed alive on J	pital) otteno une 27	ded the deceosed	from_0 and that	une 26 , deoth occurred of	19 <u>67</u> , to 505A M	June 27, from couses o	nd on the do	te stoted abov
220. SIGNATUR	2 Com	Stu	CC012/	USN	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	June 2	NED 27, 1967
22c. PHYSICIAN NAME (Ty)		. TOMPH	KINS, LCDR	MC U	JSNNaval Hos	spital	Bethesd	a. Md.	
230. BURIAL, CREMA REMOVAL Speed	TION, 235 DATE THE		23c. NAME OF CEME Arlington	TERY OR	REMATORY	23d. LOC	ATION (City or Tow Lington,	n) (County	
24. FUNERAL DIRECT	TOR W. W. Cha Chapin Stree	mbers C	O. ADDRESS Washingt	ton,	20	BY REGISTRA	1. 10	ISTRAR'S SIGNATU	RE 1

TOOL G WAR

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campretely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages I and should be filed with the State Dept. at Health priar ta burial, crematian, or remayal, and in any event, within 72 haurs after dead Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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		0	To believe in
NUMBER OF STREET			

# TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth. Leaved with Coroner

TO FUNERAL DIRECTOR: After this certificote hos been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detoched for use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 ords should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony every within 2 hours after death

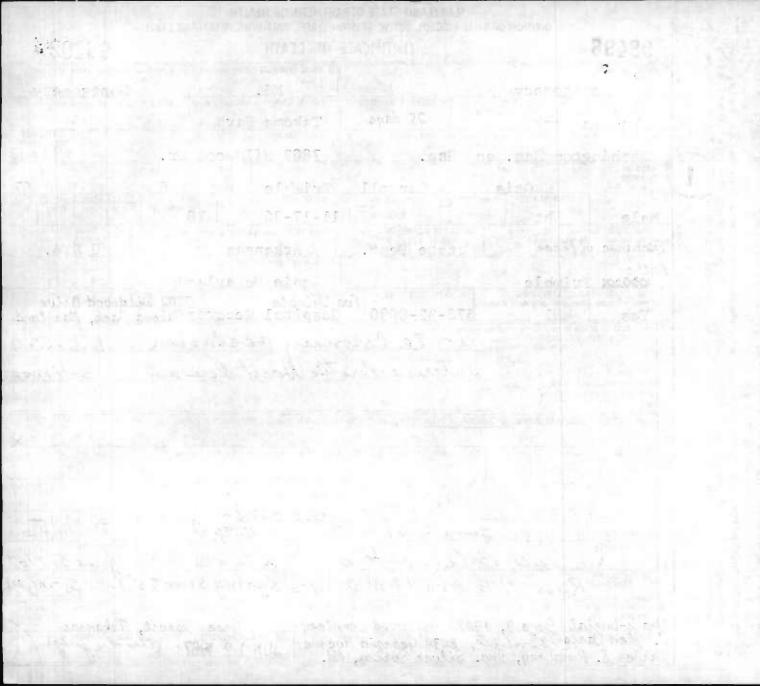
Page 4 moy be retoined by the hospitol or ottending physicion.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

08498			CERTI	FICATE	OF DEATH			98	3492	
PLACE OF DEATH     O. COUNTY	ntgomerv		MAF	RYLANO	2. USUAL RESIDENCE o. STATE	(Where dec	eosed lived, if instit	UNTY	before odmi	
b. CITY OR TOWN	(If outside carporate limits	,	c. LENGTH OF STAY	1N 1b	c. CITY OR TOWN (If	outside carp	parate limits, write R			
	d give nearest town)		25 day	15	Takoma	Park		1/2	. 2	
d. NAME OF HOSPI	TAL OR INSTITUTION (If no	t in hospital, a	ive street oddress)		d. STREET ADDRESS	2 04 2 1		1 6.00	e IS RE	SIOENCE
					7802 Wi	1 4	and Don		YES T	FARM?
Washin N. NAME OF	gton San.		Middle		7802_Wi	1dwc		onth		
DECEASED						OF		outh	_ '	Year
(Type or print)	Oti		Carro		Trimble	DEA		T IS ADDED A S	5 1	
S. SEX	6. COLOR OR RACE	7. MARRIED 3	NEVER MARRIE		. DATE OF BIRTH		9. AGE (In years  _last birthday)	Months D	loys Haur	DER 24 HRS. Min.
Male	Wht	WIDOWED	DIVORCE	D 🔲	11-17-96		70 yrs.		, , ,	
10o. USUAL OCCUPATIO during most of working EXCHANGE	N (Give kind of work done life, even if retired)		no of Business or Dustry Late Dep	+	11. BIRTHPLACE (Count		r foreign country)	12. CITIZ COUN	EN OF WHAT TRY? J. S.A	
13 FATHER'S NAME	0000	1 0	tate Dep		14. MOTHER'S MAIDEN				0.0	•
rainew	m 1 . 1				A 2 3	( - T	. 3			
	Trimble ER IN U.S. ARMED FORCES?	1/4	SOCIAL SECURITY NO.	17 0	Annie M	crar		dunes		
	(If yes give wor or dotes o	service)		Eva	Vermant Strinble		7802	Wildwoo	d Drie	e
Yes	<u>WW1</u>		8 <b>-32-009</b>	0]	Hospital	Reco	ords Jako	ma Park		land
18. CAUSE OF D	EATH (Enter only one counTH WAS CAUSED BY:	e per line for		1 .			1 ,		ONSET AND	
	IMMEDIATE CAUSE	(a) N	cule (	000	naky o	cce	usion		nnec	rate
4201	DUE	TO	1.	0	7. 141	4	2		- //	
Conditions, if ony		(b) ar	leriosa	Cero	us Hea	u de	islas	2	3-4	mos
rise to immedio		TO								
last.		(c)								
PART II. OTHER S	IGNIFICANT CONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CO	ONDITION G	GIVEN IN PART 1(o)		19. WAS A PERFOI YES	
(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY (	OCCURRED. (	Enter noture of injury in	Port I or I	Port II of item 18.)			
된 Hour o.	URY Month, Doy, Yeor m. 19	20d. 1N While of work	JURY OCCURRED  Not While of work		E OF INJURY (Home, for ory, street, office bldg., et		f. (City or town)	(Coun	ly)	(Stote)
21. I cert	ify that (I) (this hos	<del>sital)</del> attend	led the deceased	fram Ce	pril 20,	1967	, to grune	5, 196	2, that (I)	(we) last
saw the d	eceased alive an	gun	e 21967.	and that	death accurred a	1/1:351	2M Cham causes	s and an the	date stat	ed abave.
220. SIGNATURE	) mell	B. C	Timely	Q_MD	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE	signed 51	1967
22c. PHYSICIAN NAME (Type		B. A	rnoldi	M.D,	22d. ADDRESS	orina	C1 -	.//	v Spri	ngma
23o. BURIAL, CREMATI REMOVAL (Specif	ON, 23b. DATE THE	REOF	23c. NAME OF CEN				LOCATION (City or 1	,	ounty)	(Stote)
Irans-bur	ral June 9	1967	Glerwoo				een Fores			
24. FUNERAL DIRECTI	Brighen	antes ?	8434 ADDRESS	zia Ac	enue 250. REC	D BY REGI	SIKAR 25b	DECISTRAR'S SIG	NAMURE	L,
Warner E.	Pumbhrey.	Inc. S.	ilver Spr	ina. 1	yd. DATEUI	1 1 6	1967 /	- 0	0 0	



# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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USAGS

7 :		00433			CERTI	FICATE	OF DEATH				OL	JAUG
er death		LACE OF DEATH OF COUNTY MOT	ntgomery		MA	RYLAND		uland	b. COUI	NTY /	Mon	+
hours ofter		CITY OR TOWN (I write RURAL and Kensingte	f outside corporate limi give nearest town) ON	ts,	c. LENGTH OF STAY	' IN 16	c. CITY OR TOWN (IF		orote limits, write RU	RAL and giv	e neares	t town)
90			AL OR INSTITUTION (If n		ve street address)		d. STREET ADDRESS					e. IS RESIDENCE ON A FARM?
10			on Nursing				1214 Glad	_				YES NO N
1		NAME OF DECEASED Type or print) Lu	uther 1		Middle		Lost	4. DATI OF DEAT	TH June 7.	. 196		19
		ex male	6. COLOR OR RACE	7. MARRIED [ WIDOWED [	NEVER MARRI		B. DATE OF BIRTH Sept. 29,188	37	9. AGE (In years 7 last birthdoy) yrs.	Months Months	Doys	Hours Min.
	10o. duri	USUAL OCCUPATION  ng most of working l  Retired	(Give kind of work done ife, even if retired)		D OF BUSINESS OR USTRY		11. BIRTHPLACE (Coun				ITIZEN OF DUNTRY?	
	13.	FATHER'S NAME	1137				14. MOTHER'S MAIDE	NAME				
			Trunnell			Пээ	Roberta	Alexa	nder			
	1S. (Ye	WAS DECEASED EVE , no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dates	of service) 16. S	OCIAL SECURITY NO. $^{\prime}-16-4972$		nformant nes C. Trui	nnell-	Addro	BSS	3	
		Conditions, if any, rise to immediate stating the under last.	lying couse (a),	(b)	entr		arter	s cl	ersus	9 8 10	110	WAS AUTORSY
2	CERTIFICATION	- 1	Elisma	- 01	rastal	乙.	HE TERMINAL DISEASE C					PERFORMED?
		20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)		20b. DES	CRIBE HOW INJURY	OCCURRED.	(Enter noture of injury i	n Port I or I	Port II of item 1B.)			
	MEDICAL	Hour a.m p.m	1, 19	While of work		foct	CE OF INJURY (Home, fo ory, street, office bldg., et		(City or town)	((0	ounty)	(Stote)
		21. I certif	y that (I) (this_ho	spital) ottend	ed the decease	d from_ , and tha	decon occurred	1965 at 3 30	M from couses	and on t	the dot	
5		220. SGNATURE	Vaine &	Tita	ural	M.I		MED. DIRECTOR	STAFF PHYS.	22b. 0	ATE SIGN	
1		PHYSICIAN'S NAME (Type)	J. Blaine	Fitzger	ald		8218 Wis	. Ave	.,Bethesd	a,Md.		
	В	BURIAL, CREMATIO REMOVAL (Specify) ULTIAL	6/9/	57	23c. NAME OF CE Rockvill	e		Ro	tocation (City or To ckville, Ma	wn)	(County	(Stote)
M	Cy :	FUNERAL DIRECTOR	er Funeral	Home-l	331 Rocks	ville,	Make DATE	JUN 8	1967 25b. RE	GISTRAR'S	SIGNATUR	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE	08500 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH	08494
HEALTH DERT.	1. PLACE OF DEATH O. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residen o. STATE Mary/ond b. COUNTY	onte before odmission)
. If any deloy as 1, 2, and 3 form PM3. Page to Deportment	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. LENGTH OF STAY IN 1b  M. A.	c. CITY OR TOWN (If outside carparate limits, write RURAL and give  Mill Creek Towne, De	,
th. If orm h form tote De	17801 Vine Yard Streat  3. NAME OF Eirst Middle	17801 Vineyard Street	1100 110
Give Page ong with f	DECEASED (Type or print)  S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED	Lost 4. DATE Month OF DEATH  B. DATE OF BIRTH  9. AGE (In years IF UNDER	Doy Year  1 3 19 6
G = 1	WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	Aug 17, 1910 lost birthdoy) Months	Doys Hours A
	Section "Printing God	! Washington DC 0	DUNITRY? S A
d within 24 in pencil in Exominer's File poges 7 hours ofte	Louis- Turco -	14. MOTHER'S MAIDEN NAME  Camilla DePaola	
executed vading" in Medical Expermit. Fi	(Yes, no. or unknown) (If yes give wor or dotes of service) 77-40-0965	Bessie F. Turco Same as	Item 2.
the word "pe to the Chief buriol-tronsit in any event		rction, coronary thrombosis, eriosclerosis.	INTERVAL BETWEE ONSET AND DEAT LE An .  Years.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	) THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)	19. WAS AUTOPS) PERFORMED? YES NO
rriffic Jild H Sould	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	D. (Enter noture of injury in Port I or Part II of item 18.)	
EXAMINER: ute the cert age 4 shoul your files. Poge 3 shou		PLACE OF INJURY (Home, farm, actory, street, office bldg., etc.)	unty) (Stot
UTY MEDICAL I  Ory, pleose exect  recold director. Per  be retoined for  RAL DIRECTOR:  prior to burial,	21. I certify that I taak charge of the remains described above, I death resulted fram: Natural causes , Accident , Su  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  JOHN G. BALL	Uicide, Hamicide, Undetermined manner CHIEF MEDICAL EXAMINERM.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	ond in my opi
TO DEP necessor the fur 5 moy TO FUNI Health	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O		(County) (Stote
VR A15ME (3	24. FUNERAL DIRECTOR ROBERT A. PUMPHREY, Bethesda, Ma:	2Sq. REC'D BY REGISTRAR 25by REGISTRADS S	Maringe .

(County) ring, Maryland

Montgomery

e. IS RESIDENCE ON A FARM?

IF UNDER 24 HRS

INTERVAL BETWEEN ONSET AND DEATH

(Stote)

ond in my opinian

22. DATE SIGNED

1967

Arion Troth Maryford yellon atout. Mall County were, we will M. II Greek : CME 17801 Yineyard Star 17801 Vine yard Street 15850 INTE 13 - 67 R. J. 121 J 25 OITH RIPUA Seesson Harris Penning Cast Washington D.C. SEER Levis Turas -Ball this are the second of th A 45 To the second of the seco 13/4/19 7 Public Market Commencer of the Artist Commencer of the Co of some of the country of the countr

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEPTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.	Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the tangen director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 4 and 2 should be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death.	9
TO HOSPITAL OR ATTENDING PHYSICIAN: The lo	Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by t directar, page 3 shauld be detached far use as the burial-trans should be filed with the State Dept. af Health prior to burial, crem	

00001	CERTIFICATE	OI DEATH		(3)	<b>对位以另</b>
1. PLACE OF DEATH		CTATE '	Where deceased lived, if institu	tion: Residence before	e admissian)
o. COUNTMONtgomery	· MARYLAND	Mary	land	Montgor	nery
b. CITY OR TOWN (If outside carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	itside carparate limits, write RU		
write RURAL and give nearest town) Bethesda	5 Weeks	Kensing	ton		151
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital,		d. STREET ADDRESS			e. IS RESIDENCE
Resmor Sanitarium		9704 Bex	hill Drive		ON A FARM? YES NO
3. NAME OF First	Middle	Last	4. DATE Mon	nth Day	Year
DECEASED (Type or print) ALEXANDER	Frank VAN	ROSSUM	OF DEATH Jun	ne 11.	19 67
S. SEX 6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	I O ACE /In woods		IF UNDER 24 HR
Male White WIDOWED			90 dast birthday)	Months Days	Haurs Min.
	KIND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF	WHAT
during mast af working life, even if retired)	INDUSTRY Etired	Belgiu	m	COUNTRY?	U. S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Unknown	20.00	Unkno	wn.		
	5. SOCIAL SECURITY NO. 17. I	NFORMANT Wife		LI3th St	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknawn) (If yes give war ar dates af service)	33-0568664 To	ssie R. Va			Y.
		SSTE V. AS	all Kossull		
1B. CAUSE OF DEATH (Enter only one couse per line for PART 1. DEATH WAS CAUSED BY:	ar (a), (b), and (c).)	10000	anline		ERVAL BETWEEN SET AND DEATH
IMMEDIATE CAUSE (a)	CIRCA	LATORY	COUNT	201	4/15
4200 DUE TO	15	117			56.100
Conditions, if any, which gave ) (b)	H.)	7.1	-	.5	YES
rise to immediate cause (a), stating the underlying cause		11 1	-t- 1	6	
last. (c)	general	uned a	ellione	20200 /	STYK
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19.	WAS AUTOPSY
110N	DATEM	611171		Y	PERFORMED?
20g. ACCIDENT WAS UNDERLYING  20g. ACCIDENT WAS UNDERLYING  20b. I	DESCRIBE HOW INJURY OCCURRED.	/Foter nature of injury in	Part Lar Part II of item 18.)		
OR CONTRIBUTING CAUSE OF DEATH	1 / Second	1	ron ron non non ron,		
	INVINION TO A LOOK PLAN	CE OF INJURY (Home, farn	n, 20f. (City or town)	(County)	(State)
20c. TIME OF INJURY Month, Day, Year White		ary, street, affice bldg., etc.		(coomy)	(31016)
p.m. 19 at w				///	
21. I certify that (I) (this haspital) atte	nded the deceased fram		1967, to 6/		nat (I) (we) I
saw the deceased alive an	19_1967, and that	t death accurred at	1150M, fram causes		
220. SIGNATURE	A . A	ATTENDING V	MED. STAFF	22b. DATE SIGN 6-12	
Mayson	vargh MD M.I	D. PHYS.	DIRECTOR L PHYS. L		
22c. PHYSICHAN'S NAME (Type) CHARLES SA	VERESE	also di	125 Rockvil		8
OILIIGAD SIL	7211202	RC		aryland	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or To		
Cremation 6-15-67	Cedar Hill	Crematory	Suitland		
	ethesda Mary	land 250. REC		REGISTRAR'S SIGNATUR	RE

de trans			*0300 *********************************	
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month, the contract of	Color of Music State (1967)	- To the sear, his	ez-a oligi Annian a franc	

be executed within 24 haurs after death

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate

and completely filled in by

physician

MARYLAND STATE DEPARTMENT OF HEALTH

	Division of STATIST	ICAL RES	EARCH AND RECORDS	, 301 W.	LKF210M 21KI	EEI, BALIII	NUKE, MAKTL	AND 21201		
0850	2		CERTIFIC	ATE O	F DEATH			08	3496	
1. PLACE OF DEATH					SUAL RESIDENCE (	Where deceose			fore admissi	on)
o. COUNTY	Montgomer	У	MARYLAN	ID		yland	b. COUN	Prince		ge
	If outside corporate limit d give nearest tawn).	,	c. LENGTH OF STAY IN 1	b c. C	TY OR TOWN (If or Sui	utside corporot tland	e limits, write RUR		orest tawn)	
	TAL OR INSTITUTION (If no	t in hospital	, give street oddress)	d. S	TREET ADDRESS		-		e. IS RESI ON A F	
Naval	Hospital				3926 St	uitlan	d Road		YES 🗌	NO X
3. NAME OF DECEASED	Fi		Middle	****	Lost	4. DATE OF	Month	1 [	- 1	67
(Type or print)		by Bo	V	WADD		DEATH	June AGE (In years	IF UNDER 1 YEA		
s. sex Male	6. COLOR OR RACE	7. MARRIEI WIDOWE			e 1, 196		lost birthdoy)	Months Doy		Min. 2
	N (Give kind of work done		KIND OF BUSINESS OR INDUSTRY N/A	11.	BIRTHPLACE (County Bethesda	& State, or for		12. CITIZEN COUNTR		
13. FATHER'S NAME Roger I	. Waddell			14.	MOTHER'S MAIDEN Cheryl		r			
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If yes give wor or dotes of N/A		6. SOCIAL SECURITY NO.  N/A	17. INFOR	MANT Suitl r L. Wad	and, dell,	Addre 3926 <b>Sui</b>			
PART I. DEA	EATH (Enter only one country one CATH WAS CAUSED BY: IMMEDIATE CAUSE	Do	for (o), (b), ond (c).) ematurity; A	telect	asis, lu	ng			INTERVAL BE ONSET AND	
7633		TO						53 B		
conditions, if one	to couse (a)	(b)								
stoting the unde		TO						246		
lost.	)	(c)							19. WAS AUT	TODGY
PART II. OTHER S	GIGNIFICANT CONDITIONS	ONTRIBUTIN	G TO DEATH BUT NOT RELATE	D TO THE TE	RMINAL DISEASE CO	INDITION GIVE	N IN PART I(o)		PERFORM	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

saw the deceosed olive on

20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.

20d. INJURY OCCURRED Not While 21. I certify that (1) (this haspital) of other deceased from any the deceased glive on June 1 1907, and the

20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)

ATTENDING PHYS.

22d. ADDRESS

June

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)

(County) (City or town)

(Stote)

19 6 ( that (1) (we) last

NO

YES X

755 Tto. \_M, from couses and on the date stated obove. and that death occurred at 22b. DATE SIGNED

June 7, 1967 MED. DIRECTOR STAFF PHYS.

June

22c. PHYSICIAN'S NAME (Type)

BURIAL, CREMATION,

24. FUNERAL DIRECTOR

220. SIGNATUR

J. E. WINKER, M. D. 23b. DATE THEREOF

2 June 1967

23c. NAME OF CEMETERY OR CREMATORY Naval Medical School

M.D.

23d. LOCATION (City or Town) NNMC Bethesda, Md. 2So. REC'D BY REGISTRAR

Naval Hospital, Bethesda, Md.

(Stote) (County)

VR A15 (4) 20 M 1/66

director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages shauld be filed with the State Dept. of Health priar ta burial, cremation, or remaval, and in any event, within 72 haurs after

signed by

has been

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CERTIFICATION

MEDICAL

**ADDRESS** 

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# CERTIFICATE OF DEATH

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00000		CERTIFICA	AIL OI DEAIN		00301
1. PLACE OF DEATH					ion: Residence before odmission)/
a. COUNTY	ntgomery	MARYLAN	o. STATE Marvla	b. COUN	
b CITY OR TOWN (If or	itside corporate limits	c. LENGTH OF STAY IN 18	The state of the s	de corporate limits, write RUR	Prince George RAL ond give neorest town)
write RURAL ond give	ve nearest town)	1 1 00			
Bethesas	Rural) OR INSTITUTION (If not in hos	4 hrs 38	min Suitla	ind	e. IS RESIDENCE
d. NAME OF HUSFITAL C	יסת חו זסח זו) אטווטוווכאו אכ	spital, give street address)	d. SIKEEL ADDRESS		ON A FARM?
Naval Ho	spital		3926 Suit]	and Road	YES NO X
3. NAME OF DECEASED (Type or print)	First Baby Boy	Middle Middle	WAddell 4	OF June	b Doy Year 2 19 67
S. SEX 6.	COLOR OR RACE 7. MA		8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS
Male	Cauc WID	OWED DIVORCED D	June 1, 1967	7 last birthdoy) yrs.	Months Days Hours 38n.
10a. USUAL OCCUPATION (Gi during most of working life,	ve kind of work done	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & St Bethesda	tote, or foreign country) a, Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM		
Roger L. W	Maddell		Cheryl Cr		
IS. WAS DECEASED EVER IN	U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Road,	Suitland Addre	Md.
(Yes, no, or unknown) (If y	ves give wor or dotes of service	N/A	CPL Roger L. Wa		
I 10 CAHSE OF DEATH	(Enter only one couse per l			,	INTERVAL BETWEEN
PART I. DEATH V			00 grams; Ateleo	stania (lunga	
Conditions, if ony, wherise to immediate constants the underlying last.	ouse (o), (b)				
PART II. OTHER SIGNII	FICANT CONDITIONS CONTRIBU	UTING TO DEATH BUT NOT RELATED	D TO THE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES X NO
200. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED	AUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCUR	RRED. (Enter noture of injury in Port	t I or Port II of item 18.)	
20c. TIME OF INJURY Hour o.m.	19	While of work of work	e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
21. I certify saw the dece	that (肽 (this hospital) ased olive an June	attended the deceased fra 2 19 67, and	mJune_L, 195 that death accurred at]	L215M, fram causes	2, 19 6 (that (we) loand on the date stated above
	mald N.	Lwanger		D. STAFF RECTOR PHYS.	22b. DATE SIGNED 7 June 1967
22c. PHYSICIAN'S NAME (Type)	Ronald F. S	Wanger, M. D.	Naval Hos	spital, Bethe	sda, Md.
23o. BURIAL, CREMATION, REMOVAL (Specify) Transfer	23b. DATE THEREOF 2 June 1	967 Naval Medic		23d. LOCATION (City or Town NNMC, Bethe	
24. FUNERAL DIRECTOR		C ADDRESS	2So. REC'D BY		Charles Judgem

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and canapletely filled in by the directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs all Page 4 may be retained by the haspital ar attending physician.

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Petrant Lancol Lancol Petrante, Mr.

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

£ 20£		08504			CERTII	FICATE	OF DEATH				68498
that the death certificate be executed within 24 haurs after death. an.  by the attending physician and campletely filled in by the tangent ransit permit. Then please remaye carban papers. Pages T and 2 crematian, ar remayal, and in apy event, within 72 haurs after death.		PLACE OF DEATH o. COUNTY				- 1	o. STATE	E (Where deceosed liv	ved, if institution b. COUNT	ſΥ	ore odmission)
after after		b. CITY OR TOWN (I	TGOMERY f outside corporate limit:	5,	c. LENGTH OF STAY	IN 16		LAND f outside corporate lin	nits, write RUR	MONTG. AL ond give near	est town)
haurs n by the s. Page haurs			give nearest tawn)				CA	BIN JOHNS	. MD	15	1
illed in papers. hin 72 ho			AL OR INSTITUTION (If no		,		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
within 24 h ely filled in ban papers within 72	3.	POT NAME OF	TOMAC VALLE		Middle		8120 SEV	EN LOCKS	RD, Month	Do	YES NO Year
d will		DECEASED (Type or print)	RAV				WARE	OF DEATH	JUNE		4 19 67
amplete event,	S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		DATE OF BIRTH	los	E (In yeors t birthdoy)	IF UNDER 1 YEAR Months Doys	
ond campletely fremaye carban in apy event, with	100	MALE.	NEGRO (Give kind of work done	WIDOWED 10b. KIND	OF BUSINESS OR		APR. 10, 1900 67 yrs.				OF WHAT
icate bo sician please I, and i	dur	ng most of working	life, even if retired)	INDU	STRY NONE		SOUTH CA	-	,,	COUNTRY	
physician physician en please aval, and i	13.	FATHER'S NAME					14. MOTHER'S MAID	EN NAME			
th certifi ling phy Then remava	15.		IN HENRY WA!		CIAL SECURITY NO.	17. INF	ESTELLA JACKSON INFORMANT Address				
attending permit. The	(Ye	s, no, or unknown)	(If yes give wor or dotes o	f service)		10					
t the att the att sit per nation,		18. CAUSE OF DE	ATH (Enter only one cou H WAS CAUSED BY:	se per line for (a)	, (b); ond (c).)	11/11	2	1.		11	NTERVAL BETWEEN
quires that the physician. signed by the burial-transit burial, cremat		5021	IMMEDIATE CAUSE DUE		00	, ace.	monal	C	-/		or yes.
equires physici signed burial- burial,		Conditions, if ony,	which gove	(b)	krouice	De	Muni	ary ell	phy Se	lug ,	10 4RS.
w redding een the the		stating the under		TO (c) A	2 thua	Lie	Bion	chitis		á	oves +
The lar attence has buse as lth pria	VION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY PERFORMED?  YES NO									
PHYSICIAN: The haspital ar at his certificate has stacked far use Dept. of Health	CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY (	OCCURRED. (En	iter noture of injury	in Part I or Port II o	f item 18.)		
0 f T o e	MEDICAL	20c. TIME OF INJU Hour 'o.m p.m	10	20d. INJU While of work D	RY OCCURRED  Not While of work		OF INJURY (Home, I		y or town)	(County)	(Stote)
NDIN NDIN I After d be d be e Stat			y that (I) (this has		d the deceased	fram	5/1/67	., 19ta	6/24/	67, 19, 1	hat (I) (we) last
ATTENDIN stained by CTOR: After shauld be ith the Sta		220. SIGNATURE	ceased alive an	6/18/6	19	and that c		at 2:001 M, fro	1	22b. DATE SIG	
× 2 W × 3		/	Heures	: 10	rucco	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	6/2	35/67
ITAL MAY RAL I Page be fill be fill		22c. PHYSICIAN'S NAME (Type)	5413 Cal	der has	ce 13271	tesde.	,22d. ADDRESS	HENRY (	7. Se.	RUGGS	M.D.
O HOSP Page 4 to O FUNER director, shauld	230	BURIAL, CREMATIO			23c. NAME OF CEN				N (City or Tow	,	ty) (Stote)
5- 5-0	24	BUR'TAL'	0 1 0 2 0	107	FISHE	ERMAN,		EC'D BY REGISTRAR	OCKVILL 2Sb. REG	E, MD.	JRE
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	08505	Item	CERTIF	ICATE	OF DEATH	57mnb		00300
	PLACE OF DEATH					Vhere deceosed lived, if institu		before odmission)
	o. COUNTY  Montgomen	v	MAR	/LAND	o. STATE India	b. COU	INIT	/
	b. CITY OR TOWN (If outside corpo	rote limits,	c. LENGTH OF STAY	N 1b		tside corporote limits, write RU	JRAL ond give r	neorest town)
	write RURAL and give nearest		1 Day		Valna	araiso	52	3
	d. NAME OF HOSPITAL OR INSTITUT				d. STREET ADDRESS			e. IS RESIDENCE
	Naval Hos	enitel			Rt.1			ON A FARM? YES NO
3.	NAME OF	First	Middle		Lost	4. DATE Mon	nth	Doy Year
	DECEASED (Type or print) Louis	20	Allen		Warren	OF DEATH June		9 19 67
S. :			RRIED NEVER MARRIEI	8   [	. DATE OF BIRTH	Q AGE (In years	IF UNDER 1 Y	/EAR   IF UNDER 24 HRS.
Ter	emale Cauc		OWED DIVORCE		June 29,190	62 ort birthdoy)	Months [	Doys Hours Min.
10o	USUAL OCCUPATION (Give kind of v	vork done	10b. KIND OF BUSINESS OR			& Stote, or foreign country)		EN OF WHAT
duri	ng most of working life, even if retir	red)	INDUSTRY		•conee.Il			NTRY? USA
13.	Teacher FATHER'S NAME				14. MOTHER'S MAIDEN I			VIN
	PER TRANSPORTER AND ADDRESS OF				To the same of the	isa dise March		
15	Ben P. Allen WAS DECEASED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. 11	Mary Lo	Rt.1 Addi	ress	200
	s, no, or unknown) (If yes give wo					LC.T		202
	No l	1	304 40 6832		ral Warren	Valparaiso, In	aa, To	INTERVAL BETWEEN
	1B. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED	iy one cause per i D BY:	CARCINOMA OF	THE	BREAST			ONSET AND DEATH
	170X IMMEDIA	ATE CAUSE (o)						
	Conditions, if ony, which gove	DUE TO					1000	
	rise to immediate couse (a),	(b)						
	stoting the underlying couse	DUE TO					27.75	
	lost.	(c)						I 19. WAS AUTOPSY
CERTIFICATION	PART II. OTHER SIGNIFICANT CON	IDITIONS CONTRIBL	JTING TO DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE COM	NOTITION GIVEN IN PART I(o)		PERFORMED?
150	20o. ACCIDENT WAS UNDERLYING [		20b. DESCRIBE HOW INJURY O	CCURRED. (	Enter noture of injury in	Port 1 or Port II of item 1B.)	No.	
	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAM)							
MEDICAL	20c. TIME OF INJURY Month, Do		20d. INJURY OCCURRED		E OF INJURY (Home, form		(Coun	ty) (Stote)
MED	Hour o.m. p.m.		While Not While ot work	focto	ory, street, office bldg., etc.)			
		this hasnital)	attended the deceased	fram	Tun Q	9 67, to Jun. 9	19 6	7 that (I) (we) last
	saw the deceased aliv			and that		7:00PM, fram causes		
	220. SIGNATURE	1	11/				22b. DAT	
	Mulu	un /	1 the	M.D	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	7 11 J	une 1967
	22c. PHYSICIAN'S	1			22d. ADDRESS			-/
	NAME (Type) Will	Liam R.H	ix MD		Naval Hos	spital Bethesd	la Md.	
230	. BURIAL, CREMATION, 23b.	DATE THEREOF	_23c. NAME OF CEM	ETERY OR (		23d. LOCATION (Cityege To	own) ((	County) (State)
	REMOVAL (Presit) 6		LaCrosse			ALL PROPERTY.	A LaCr	osse, how
24	. FUNERAL DIRECTOR	13	ADDRESS	1	2So. REC'I		FGISTRAR'S SIG	NATURE
R	.A. Pumphrey Fu	neral Ho	me 7557 Wisco	.Ave	DATE	N 1 6 1967	Milane	es Judge
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the Auperal director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any eyent, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Them #8 Film #G300 PT DEATH

CERTIFICATE OF DEATH

08506

physician c remo attending poermit. The D burial, as been as the priar tal has Health this certificate detached After be retained DIRECTOR: director, page should be filed **FUNERAL** 

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

O HOSPITAL

within 24 haurs after death.

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PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b COLINTY lontgomery Jarvland MARYLAND Montgomery b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 hrs. Sandy Spring Olney d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 18471 Brooke Rd. Montgomery General Hospt. YES NO 3 3. NAME OF 4. DATE First Middle Lost Month Year Dov DECEASED (Type or print) WASHINGTON DEATH 1967 S. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR 7. MARRIED DATE OF BIRTH IF UNDER 24 HRS NEVER MARRIED lost birthdoy) Months WIDOWED DIVORCED Colored 6/79/9/1 emale 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? unemployed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joshua Selby Christianna Budd 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 578-26-5303 Medical Records of Montg. General Hospt no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 332X DUE TO Conditions, if ony, which gove terioscierosis rise to immediate couse (o), DUF TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (1) (this hospital) attended the deceased fram. 19 67, and that death accurred at 6:40 M, fram causes and/on the date stated above. saw the deceased alive an 22o. SIGNATURE DATE PHYS. M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Richard Yates Olney, Md. 20832 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) SANDY SPRING, MONTG. MD. SHARP STREET CEMETERY BUR TAL 6/12/67 25b. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 67 24. FUNERAL DIRECTOR ADDRESS

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0507

08501

		00001	CERTIFICATE	OI DEATH		00001					
	1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where	deceosed lived, if institution: Reside	nce before odmission)					
		o. COUNTY	MARYLAND	O. STATE	b. COUNTY	CV					
		b CITY OR TOWN (If outside corporate limit	c. LENGTH OF STAY IN 16	CITY OF TOWN Of outside of	orporote limits, write RURAL and give	us negreet town)					
		b. CITY OR TOWN (If on side corporate limit), write RUPAL and give neorest joynn)	T = 1	C. CITY OK TOWN (II OUTSIDE C	orporote minis, wille kokar ond gi	ve neorest town)					
	_	Jakoma Jack	DOA	greenbe	2/T, md.	16 occupance					
9	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit	fal, give street oddress)	d. STREET ADDRESS	1 01	e. IS RESIDENCE ON A FARM?					
1		Wash, san + K	tosp.	22A HIII	Side Kd	YES NO					
od-		NAME OF First	Middle	Lost 4. D		Doy Year					
1		OFCEASED (Type or print) Bertrand	Angus W	e/13	DE ATH	13 1967					
	S. :	SEX 6. COLOR OR RACE 7. MARR	HED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER						
		M WIDOW	VED DIVORCED	10-15-1899	lost birthdoy) Months	Doys Hours Min.					
	100	D. USUAL OCCUPATION (Give kind of work done 10	b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote		ITIZEN OF WHAT					
	duri	ring most of working life, even if retired)	industry aundry	D=201:1/2		DUNTRY?					
	13	FATHER'S NAME	of the transfer	14. MOTHER'S MAIDEN NAME	· Va	u J					
-	15.	d /	, ,	14. MOTHER 3 MAIDEN NAME	and the same of						
		Charles We	115	oda -							
		. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or withnown) (If yes give wor or dotes of service)	A	NFORMANT	Eather L. Wells	6. 17					
		No	216-09-0762	vije mi	cum r. wees	(oancas 12)					
		18. CAUSE OF DEATH (Enter only one cause per line	e for (o), (b), ond (c).)			INTERVAL BETWEEN					
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	CORONARY DO	clusion		ONSET AND DEATH					
		H201 DUE TO			NO DECEMBE						
		Conditions, if ony, which gove ) (b)				100000000000000000000000000000000000000					
		rise to immediate couse (o), Stating the underlying couse DUE TO									
		lost.	thero sclarotic	Heart Dis	ES 75C	2-34rs.					
Н,		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION			N GIVEN IN PART I(n)	19. WAS AUTOPSY					
2	IFICATION	FREQUENT		E CONTRACTIO	1 /	19. WAS AUTOPSY PERFORMED?					
5	ICA]					YES NO					
	CERTIF	OR CONTRIBUTING CAUSE OF DEATH	o. DESCRIBE HOW INJURY OCCURRED.	(three noture of injury in Port I	or Port II of item 18.)						
		(IF EITHER, NOTIFY MEDICAL EXAMINER)									
	MEDICAL	The state of the s		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town) (Co	ounty) (State)					
	ME	10 1	While Not While toch	ory, street, office bidg., etc.)							
		21. I certify that (I) (this hospital) at	tended the deceased fram	MAY , 196:	2, to JUNE 13, 196	T, that (I) (we) last					
		saw the deceased alive an June	13 1967, and that	death accurred at	M, fram causes and an t						
		22d. SIGNATURE		ATTENDING /MED		DATE SIGNED					
		tober 13	M.D	D. PHYS. MED. DIRECT	TOR PHYS. D 6-	13-67					
		22c. PHYSICIAN'S	Tank	22d. ADDRESS							
1		NAME (Type) KOBERT B	s. IREY	11/61 New +	tampshire Ave, S	silver Sprino					
-	230	o. BURIAL, CREMATION 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		3d. LOCATION (City or Town)	(County) (Stote)					
1		REMOVAL (Specify) June 16.19	67 FAIRRASAL	Cimstian	Colmes Manas	mil					
	_24	4. FUNERAL DIRECTOR	ADDRESS	A A 125m REC'D BY R		SIGNATURE					
1	X.	Junium halters 254 Ca	well PLNN, Wash		967 Acharles						

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages shauld be filed with the State Dept. af Health priar ta burial, crematian, or remayal, and in any event within 72 haurs after

CALL TO THE CASE OF THE PARTY O

executed within 24 hours after deoth.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08502

1.	PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY							
		Montgomery		MAR	YLAND	Marylan	nd		tgome	rv	135		
	b. CITY OR TOWN	(If autside carparate limit	s,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	utside cor	porote limits, write RU	RAL ond give	neorest	town)		
	Betl	nd give neorest town)		2hrs 40	min	Chevy (	Chase			1:	5.1		
	d. NAME OF HOSPI	TAL OR INSTITUTION (If no	ot in hospitol, g	give street oddress)		d. STREET ADDRESS			1113	6	ON A FA	ENCE RM2	
6	1	Waval Hospi	tal			8940 Jones Mill Road YES NO X							
3.	NAME OF DECEASED		rst	Middle	43/61%	Last 4. DATE Month Doy Year							
L	(Type ar print)	Marion	10	Leigh		WELLS	DE				196		
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 🔲	B. DATE OF BIRTH		9. AGE (In years	Manths 1	Davs	IF UNDER Hours	Min.	
F	emale	Cauc	WIDOWED		D 🔲	6 Aug 188		last birthdoy) 82 yrs.					
10	a. USUAL OCCUPATIO	N (Give kind of work done		IND OF BUSINESS OR		11. BIRTHPLACE (Caunt	y & Stote, o	or foreign country)		IZEN OF JNTRY?	WHAT		
Luc	ring most of working Gentlev	voman	-	10031117		Sidney, A	Austr	alia		U.S			
13	3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME						
	Sir Hug	gh Dixon				Emma Eliz	zabet	h Shaw					
1	S. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17.	NFORMANT (Attor	ney)	Addr	ess Wash	ingt	ton.I	D.C.	
1	No No	ER IN U.S. ARMED FORCES? (If yes give war ar dotes	22	0-44-2607		drew T. Alt		. Colorado	Buil	dina	z.		
	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)												
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Acute myocardial infarct  DUE TO Subintimal hemorrhage, right coronary artery												
	156	DUE DUE	Tosubin	timal hem	orrha	ge, right o	coron	ary artery	7				
1	Canditions, if on		(b) Carci	noma of 1	iver								
	rise to immediate couse (o), stoting the underlying couse DUE TO												
	last. (c)												
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?												
ATIO	YES [X] N										NO 🔲		
CERTIFICATION	20o. ACCIDENT W	AS UNDERLYING	20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Port 1 or	Port II of item 18.)	4 30				
9	OR CONTRIBUTING	G CAUSE OF DEATH ( MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF IN.	JURY Manth, Day, Yeor	20d. I	NJURY OCCURRED	20e. PLA	CE OF INJURY (Hame, for	m, 26	Of. (City or tawn)	(Cau	inty)	(	Stote)	
MED	Hour a	.m. 19	While of wor	Nat While	foct	ory, street, office bldg., etc	c.)						
		ify that (X) (this ha	spital) atten	ded the deceased	fraih:	SOAM 3 June	19.67	. ta4 - 30 AM	3.Turda	67th	at (1) (	we) last	
	saw the o	deceased alive an_	3 June	1967_	and tha	t death accurred a	1:30/	M, fram causes	and an th	ne date	e stated	abave.	
	22a. SIGNATURE	1 0 01				ATTENDING	MED.	CTACE	22b. DA	TE SIGN	ED		
		J. E. Lo.	ss 201	DR, MC, C	USN'M.	D. PHYS.	DIRECTO	OR PHYS.	X 3 J	une	196	7	
	22c. PHYSICIAN	4		/		22d. ADDRESS	15.00			- 89			
-	NAME (Type	J. E. GOS	SS, LCD	R MC USNR		Naval Ho	spita	al, Bethes	da, Ma	ryl	and		
	30. BURIAL, CREMAT			23c. NAME OF CEM				. LOCATION (City or To	,	(Caunty)	,	tote)	
	B REMOVAL (Specif					ional Cemet							
	24. FUNERAL DIRECT	or eral Home, W	130 Wi:	sconsines Av	e., I	V.W., 2So. REC	D BY REC		EGISTRAR'S SI				
GE.	awler Fun	eral Home, W	ashing	ton, D.C.	,	DATI	N 1 3	1967	Harl	* Co	roge	•	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detoched for use os the burial-tronsit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours at Poge 4 may be retoined by the hospital or attending physician.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

VR A15 (4) 20 M 1/66

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

08503 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2, should be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and ip any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH
a. COUNTY 10d 13 |S |Y Page 4 may be retained by the haspital or attending physician. MEDICAL CERTIFICATION 23

VR A15 (4) 25M 1/67

PLACE OF DEATH				2. USUAL RESIDENCE (	Where dece					
a. COUNTY	ontgomer	4	MARYLAND	o. STATE	crylo	ind 6.000	NIY YY	lontsomery		
	f autside carparote limits, give nearest tawn)		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If au	-		RAL and give	nearest town)		
Silve	r spring		15 days	Silve	6	pring	/	51		
	AL OR INSTITUTION (IT not	in hospitol, giv	ve street address)	d. STREET ADDRESS 12628 Lanhill Rd. ON A FARM						
Holy	cross Hos	spita	. 1	12638	Lay	mill icc	¥ .	YES NO		
NAME OF DECEASED	First		Middle	Lost	4. DATE			Doy Year		
(Type or print)	Jos	seph	m.	Weret	DEAT	тн <u>Ч</u>		23 1967		
SEX	,	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 Y	YEAR IF UNDER 24 HRS. Doys Haurs Min.		
male	White	WIDOWED 2	DIVORCED	4/10/81		86 yrs.	Mainis	boys indois mili.		
. USUAL OCCUPATION	(Give kind of work done		D OF BUSINESS OR	11. BIRTHPLACE (County	& Stote, or	foreign cauntry)	12. CITIZ	ZEN OF WHAT		
Garar		self	Emfloyed	Fran	ce		LIS	A.		
FATHER'S NAME	1	1		14. MOTHER'S MAIDEN	NAME					
nichae	werch							-		
	R IN U.S. ARMED FORCES? (If yes give wor ar dotes af s		OCIAL SECURITY NO. 17	INFORMANT	-00-	ter & Address	955 P	And		
NO	(ii yes give wor ar dores ar :	22	0-307362 4	rephinew	g ex	ar coll	ige Pa	rang		
	ATH (Enter only one couse	per line for (	o), (b), ord (c).) .	1 - 11.	0	1		INTERVAL BETWEEN		
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	1	nulules	ma 14	emo	whase		JUSE NO FEET		
5410	DUE TO	1	) 1 1	10100				1		
Conditions, if any,		)	100 denal	uleer				Mo		
rise to immediat										
lost.	) (0	)								
PART II. OTHER SY	GNIFICANT CONDITIONS CON	TRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GI	VEN IN PART 1(a)	- 5VI_1	19. WAS AUTOPSY PERFORMED?		
1	) REMIA							YES NO		
20o. ACCIDENT WAS		20b. DESC	RIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or P	ort II of item 1B.)		1440-4-11		
	CAUSE OF DEATH MEDICAL EXAMINER)									
20c. TIME OF INJU	JRY Manth, Doy, Year			ACE OF INJURY (Home, forn		(City or town)	(Coun	ity) (Stote)		
Hour o.n	10	While of work		tory, street, office bidg., etc.	)	11/1	1,			
21. I certif	fy that (1) (this haspi		1	6/8/67	9	to 10/20	Ile V	, that (1) (we) last		
	eceased alive on	1231		ot death occurred at	740 P	M, from/causes	and on the	date stated above.		
220. SIGNATURE	10 (20	1/1/2	, , , ,	ATTENDING	MED.	C STAFF C	22b. DAT	ESIGNED /		
	seury .	10	Merony M	PHYS.	DIRECTOR	PHYS.	16/	23/67		
22c. PHYSICIAN'S NAME (Type)	HENRY	C.	SCRUGGS	22d. ADDRESS C	eda	hane la	Bethe	sda Ind.		
BURIAL, CREMATIC			23c. NAME OF CEMETERY OR			LOCATION (City or To	wn) ((	Caunty) (State)		
Burial Specify	June 27,	1967	Prospect Hil	1 Cemetery	W	ashington	D. C.			
A. FUNERAL DIRECTO			ADDRESS	2Sa. REC'I	D BY REGIS		GISTRAR'S SIG	1) 4		
	F. Gasch's	ons	Hyattsville,	Md. DATE [1]	1 2 8	1967 20	charle	1 Judge		

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Gentlewhenfined Hemon hage 2 DAG Doodenal Weer UREMIR 1158 24 C. SCRUES SALS COGOSLAMO BOTHES OF 12 of an output time of two and title to be a first to a number of the first to the fi THE RESERVE OF THE PROPERTY OF THE PARTY OF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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2 - 0	8	CERTITIONIE	UODU	155
funeral 1 and er death	100	1. PLACE OF DEATH a. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odm maryland b. courrince Geo	ission) orgěs
by the Pages	61.10	b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) SILVEY SPRING  C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town Hyattsville	1)
lled in papers.	Ser.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  99 Holy Cross Hospital	d. STREET ADDRESS 6903 20th Avenue 8 IS R ON YES [	ESIDENCE A FARM? NO
letely fi orbon nt, with	2.0	3. NAME OF DECEASED (Type or print) Claude First Middle W. We	DEATH	Yea 5 7
nd comp	The		B. DATE OF BIRTH  June 28, 1902 dog birthdoy)  Yrs. Months Doys Hou	IDER 24 HRS
ion ond		100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Asst. Supt. 10b. KIND OF BUSINESS OR INDUSTRY PEPCO	11. BIRTHPLACE (County & Stote, or foreign country)  Virginia  12. CITIZEN OF WHA' COUNTRY?	T
physic hen ple novol, c	1	Walter Wessells	14. MOTHER'S MAIDEN NAME Mary Nelson	
rmit. T	lan	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 577-09-3011 Jes	NFORMANT Address Address Address Address A. Wessells-6903 20th Ave.	
physicion. signed by the attending physicion and completely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages I and burial, cremation, or removal, and in any event, within 72 hours after death	3	16 21 DUE TO	Hyattsvill Mirryae onser an	BETWEEN ID DEATH
been s the ior to		rise to immediate couse (a), stating the underlying couse lost.	Carling ma (ii) M mr/cg/cg/cg/cg/cg/cg/cg/cg/cg/cg/cg/cg/cg/	-410
atte has se o th pr	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 1  200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURRED.  OR CONTRIBUTING   ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURRED.	PERFC YES	NO E
ospital or certificate hed for u	- 1	THE CHIECK, NOTIFI MCDICAL EXAMINER	(Enter noture of injury in Port I or Port II of item 1B.)	
the h detac detac te Dep			CE OF INJURY (Home, form, ory, street, office bldg., etc.)	(Stote)
crored by Crore: After should be vith the Sta			t death accurred at 500 p. M, fram causes and on the date sta	
~ ~ ~ ~ ×		220. SIGNATURE Stups 6. Ceraniam M.D. M.E.		
	1	22c. PHYSICIAN'S HUGO G. GRAZIANI, MO.	10101 Georgin Aus S.S. Mg	1.
Poge 4 moy ro FunERAL director, po should be f		230. BURIAL CREMATION, PRIMOVAL (Specify) 6/26/67 Ft. Lincoln	Cemetery Prince Georges Co.	(Stote) Md.
VR A15 (4) 25M 1/67	1	The SH Menus & 2901-14	DC 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE JUN 2 3 1967 Charles Jus	ye.

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		STORY TO IN TO MINIPAGE TO THE STORY OF THE	
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	alulativ		
	Mary Welson	Walter W. Wessells	
tsville, Md.	99-3011Jessie A. Wessells-6903 Hyat	no 577 <b>-</b> 0	Control of the last
. Oil . office .			
	in the first two of the first this	18 54/65/31 1626/5	

24 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion ond completery filled in by the funeral director, page 3 should be detached far use os the burial-fronsit permit. Then pleose remove cachon achoers. Pages 1 opdshould be filed with the State Dept. of Heolth prior to burial, crematian, or removol, and in any event, within 72 hours after peen Page 4 may be retained by the hospital or ottending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #13 Film #G390 77 PC OF DEATH

08505

/ 1	PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (\	Where decea	sed lived, if institu	tion: Residen	e befare	odmissio	ny
	d. COUNIT	Montgome:	ry	M	ARYLAND	o. STATE Mary	land	b. COU	NTY Prin	ice (	deorg	ges
	b. CITY OR TOWN (1	f autside carparate limit give nearest tawn)	s,	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If au	tside carpare	ate limits, write RU	RAL and give	neorest	town)	
	В	ethesda		20 Day	S	Hyattsvi	lle		1	/ >	2	
	d. NAME OF HOSPITA	AL OR INSTITUTION (If no	at in haspital, gir	re street address)		d. STREET ADDRESS				0.	. IS RESID ON A FA	ENCE PM2
	The Clini	cal Center	, Bethe	sda, Mar	yland	1514 Madis	on St	reet			ES 🗌	
3	NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF	Mon	th	Doy	Yea	r
	(Type ar print)	Maggi	е	Mae	10.0	Wheeless	DEATH			11	19	67
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR	IED 🔲	B. DATE OF BIRTH	5	AGE (In years last birthday)	Manths	YEAR Days	IF UNDER Hours	24 HRS. Min.
	Female	White	WIDOWED [	DIVOR	CED 🔲 1	2 August 19	17	49 yrs.	mairins	Duys	110013	MIII.
11	Da. USUAL OCCUPATION	(Give kind af wark dane ife, even if retired)	1Db. KIN	D OF BUSINESS OR USTRY		11. BIRTHPLACE (County		reign cauntry)		IZEN OF UNTRY?	WHAT	
	Telephone	Operator	Tel	ephone C	0.	Geo	rgia		US			
1	3. FATHER'S NAME					14. MOTHER'S MAIDEN I						
L	Charlton	CARRITON	Spells			Emma G	uthri	е				
7	S. WAS DECEASED EVEL	R IN U.S. ARMED FORCES? (If yes give war or dotes a	16.50	OCIAL SECURITY NO	17.	NFORMANT The M			ess		200	014
1	No	(II yes give war or dotes o	2.	37-30-45		ne Clinical				arv.		224
F	18. CAUSE OF DE	ATH (Enter anly ane cau	se per line for (	a), (b), and (c).)						INTE	RVAL BETY	
	PART I. DEAT	H WAS CAUSED BY:	(a) Seps	is and p	neumor	nia with par	tial	atelecta	sis	ONSI	and pl	EATH
1	5810	DUE	TO							Wee	eks t	to
1	Canditians, if any,	which gave	(b) Bilat	eral ple	ural e	effusion wit	ffusion with massive ascites months					5
	rise to immediate			l necros						mon	nths	
	(c) fatty metamorphosis of the liver									to years		
z	PART II. OTHER SIG	INIFICANT CONDITIONS	ONTRIBUTING TO	DEATH BUT NOT	RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVE	EN IN PART 1(a)		19.	WAS AUTO PERFORME	PSY
ATIC												NO 🔲
CERTIFICATION	2Da. ACCIDENT WAS		20b. DESC	RIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Part I or Par	rt II af item 1B.)				
18	OR CONTRIBUTING ( (IF EITHER, NOTIFY A											
MFDICAL	2Dc. TIME OF INJU	RY Month, Doy, Year		URY OCCURRED		CE OF INJURY (Hame, farm		(City or town)	(Cou	nty)	(9	state)
M	p.m	10	While at wark	Not While at wark	] tact	ory, street, office bldg., etc.)						
	21. I certif	y that (X) (this has	pital) attende	ed the decease	d fram_2	2 May , 1	9 <u>67</u> , t	o 11 Jun	e_, 196	7, the	ot (X) (v	ve) last
	saw the de	ceased alive an 1	1 June	19_67	, and that	death accurred at.	9:30 N	1, fram causes	and an th	e date	stated	abave.
	22a. SIGNATURE	1 A	(7)			ATTENDING	MED.	STAFF =		TE SIGNE		
1		avid	Vauls	m	M.I	PHYS.	DIRECTOR	PHYS. K			196	
1	22c. PHYSICIAN'S NAME (Type)	David F.	Paulcon	MD		22d. ADDRESS Th						L
-						Institute						
2	3a. BURIAL, CREMATIO REMOVAL (Specify)			23c. NAME OF CE				CATION (City or To		(County)	(St	ate)
-				Lovein				shville		CAMATILDE		
	24. FUNERAL DIRECTOR Home Inc		s Fune	ral	t.Rai		BY REGISTE		GISTRAR'S SI	GITTIURE	le	
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MARYLAND STATE DEPARTMENT OF HEALTH

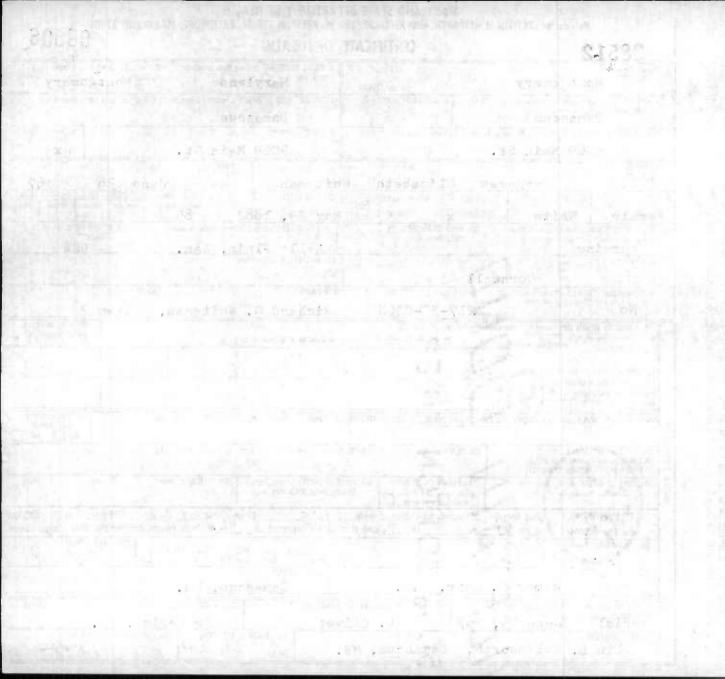
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

085	12		CERTIFIC	CATE	OF DEATH				Vä	OG	0
PLACE OF DEAT     O. COUNTY	H Montgomery		MARYLA	AND	2. USUAL RESIDENCE (* o. STATE Mary		eosed lived, if institu b. COU	tion: Reside	ence before	odmissio ery	on)
	N (If outside corporate limits, and give nearest town)		c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Damascus						
d NAME OF HOS	SPITAL OR INSTITUTION (If not in	n hospital a	sive street oddress)		d. STREET ADDRESS	is c us			/5 // e	IS RESID	DENCE
	9069 Main St		, vo sireer oddressy			Mei	n St.			ON A FA	ARM?
3. NAME OF DECEASED	First		Middle		Lost	4. DAT	E Mon		Doy	Yeo	
(Type or print)	Margar		Elizabeth		hiteman	DEA			26	19 (	-
S. SEX		. MARRIED	NEVER MARRIED		DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months		Hours	R 24 HRS. Min.
Female	1111100		DIVORCED		May 29, 18		85 Yrs.				
10o. USUAL OCCUPAT during most of work Farm	FION (Give kind of work done ing life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County Belle Pl				OUNTRY?		
13. FATHER'S NAM					14. MOTHER'S MAIDEN		Nan.		UN	B	
	Corny	rell		201							
IS. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Addr	ess			
(Yes, no, or unknow	(If yes give wor or dotes of so	ervice)	7-32-0068		Richard C	Wh	itaman	Tie	em 2		
T 10 CAUSE OF	F DEATH (Enter only one couse			1	nichar u o	* 1111	Treman,	TEC		VAL BET	WEEN
PART I. I	DEATH WAS CAUSED BY:	()	REGRAT	1	hrombo	Isis			ONSE	TAND, D	EATH C
112	IMMEDIATE CAUSE (o)		NO INT		111111111	100			-	1/4	152
	any which maya	Ans	ERIOSCLE	DA	tic CARDIO	VACI	CULAR DIS	EASE	Inv	c.ne	2 =
	linte couse (n)		EKIBSCLE	-1401	1 CARPIO	LAPOL	JULAIS JU	CMDE	104	SHI	5).
stoting the ur	nderlying couse DUE TO										
	) (c)		O DEATH BUT NOT BELAT	TED TO T	IF TERMINAL DISTASE CO.	NDITION C	SIMPLE IN DARK 1/-)		110 V	VAS AUTO	ODCV
PAKI II. UIHEN	R SIGNIFICANT CONDITIONS CON	IKIBUTING T	O DEATH BUT NOT KELAT	IED IO II	TE TERMINAL DISEASE COL	NUTTION G	SIVEN IN PAKT I(0)		P	ERFORM	ED?
3 46618511	WAS THE PARTY OF T	I cot pr	COMPT HOW INVENT OCC	UDDED (		0.44	D + 11 - C 2 - 10 1		YES		NO _
OR CONTRIBUT	WAS UNDERLYING ☐ ING ☐ CAUSE OF DEATH IFY MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY OCCI	UKKED. (	enter noture of injury in	Port I or I	ron II of Item 18.)				
7	INJURY Month, Doy, Yeor o.m.	While	Not While		E OF INJURY (Home, form ry, street, office bldg., etc.		f. (City or town)	(C	ounty)	(	(Stote)
01 1	p.111.	ot work			110	10 (4.7	, 106/26	10	67 140	+ /1\ 4	- I.
21. 1 Ce	ertify that (I) (this hospite deceased alive on 6	Z 4			death occurred at	4A	M, from couses	and on	67, the	ctator	d abou
22o. SIGNATU			17_ <u>b</u> , UI	10 11101	dealii occorred di		_4m, moin cooses		DAJE SIGNED		1 above
1	mas 4-160	M		M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	3 6	128	16	7
22c. PHYSICIA NAME (T	AN'S	. Ker	r. M.D.		22d. ADDRESS Dama	scus	. Md.				
23o. BURIAL, CREMA			23c. NAME OF CEMETE	FRY OR C			LOCATION (City or To	nwn)	(County)	15	itote)
REMOVAL (Spe			Mt.			230.	Frederic			(3	1016)
24. FUNERAL DIRE	CTOR	-	ADDRESS			BY REGI	ISTRAR 2SbR	EGISTRAR'S	SIGNATURE		- 11
01 i	n T. Moleswon	cth.	Damagene	MA	1 40	1 5 13	136/1	Mary	en lu	der	1-5

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death. **IO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

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VR A15 (4) 20 M 1/66



# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08513	CERTIFICATE	OF DEATH		08507
	PLACE OF DEATH  G. COUNTY CO.		2. USUAL RESIDENCE (Where decease		befare admission)
	Montgomery	MARYLANO	o. STATE Maryla	nd b. county	omery
	b. CITY OR TOWN (If autside carparate limits write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carpara	te limits, write RURAL and give	wearest tawn)
2	ilver Springs	3 mo.	Silver Sar	inas	151
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in ha	spital, give street address)	d. STREET ADDRESS	1.	e. IS RESIDENCE
4	tol4 Cross		1940 Kimh	enly Rd.	ON A FARM?
3.	NAME OF First	Middle	Lost 4. DATE	Month	Oay Year
	OFCEASED (Type or print) Chialisto	Helen /1)	ckham DEATH	Mino 2	4 1967
S.	The state of the s	RRIED NEVER MARRIED B.		. AGE (In years   IF UNDER 1 )	
	Fe Wh. WID	OWED DIVORCED	10/20/16	lost birthdoy) Months [	Days Hours Min.
		10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or fa	reign country) 12. CITIZ	ZEN OF WHAT
duri	ing most of working life, even if retired)	Choustry nome	D.C.	cour	NTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		1-2-11
9	oseph Wushnak		Minnie Lasanska		
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?			Address P	1
(Ye	is, no, or unknown) (If yes give war ar dates af service	577-10-0610 Gny	9. Wookham Sil	Kimberly Road ver Spring. Ma	d ryland
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.  DUE TO  (b)  DUE TO  (c)		,		10. WAS HITOSEY
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	UTING TO DEATH BUT NOT RELATED TO TH	IE TERMINAL DISEASE CONDITION GIVE	N IN PART I(0)	19. WAS AUTOPSY PERFORMEO? YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Part I or Port	Il of item 18.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur o.m. 19 p.m. 19		OF INJURY (Hame, farm, y, street, affice bldg., etc.)	(City or tawn) (Coun	ty) (Stote)
	21. I certify that (I) (this hospital)	attended the deceased fram	June, 1966, 1	0 6 (24, 196	Z, that (I) (we) las
	saw the deceased alive an	3/23 1957, and that	death accurred at 4130AN	, fram causes and an the	e date stated abave
	220. SIGNATURE	/6. M.D.	711151	STAFF 22b. DAT	ESIGNED /
	22c. PHYSICIAN'S NAME (Type) Staine H. E.	ig	22d. ADDRESS 8641 Colesville	e Rd., Silver	Spring, Md.
230 R.	BURIAL, CREMATION, REMOVAL (Specify)  Quine 27	23c. NAME OF CEMETERY OR CE 1967 Fort Lincoln			county) (Stote) Maryland
-	FUNERAL DIRECTOR				
1 (	arner E. Pumphrey, Inc.	158434 Georgia Av Silver Spring. M	d. DATE UN 2.8		4 Judez

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remays cortain papers. Pages 1 and 2 should be filed with the State Dept. of Health prior ta burial, crematian, ar remayal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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			61300
	10 1 - 2		
			TAX Note: 100-00
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accorder de Sciente Springs, and	100 1-11		- Williams
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		of the second	The St. Political

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08514 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY COUNT Page 9 Ö MARYLAND deloy ate Department b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b TOWN (If obiside corporate limits, write RURAL and give nearest tawn) 2, and PM3. and write RURAL and give nearest tawn ARK NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ong with form 24 hours after death. Grove Page NAME OF DATE First Middle Lost DECEASED OF (Type or print) DEATH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years NEVER MARRIED lost birthday) Months Item 18. DIVORCED ofter deoth File pages lond 2 4 should be forwarded to the Chief Medical Examiner's Office 10b. KIND OF BUSINESS OR during most of working lite, even if retired)

13. FATHER'S NAME INDUSTRY This certificate should be executed within pencil hours .⊆ WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. event within 72 buriol-tronsit permit. (Yes, no, or unknown) (If yes give wor or dotes of service pending" CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) writing the word DUE TO in any Conditions, if ony, which gave rise to immediate cause (o), DUE TO stoting the underlying couse 0 and 00 lost be used removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate, 2 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 3 should PRIMARY Or CONTRIBUTING cremotion, or MEDICAL EXAMINER: CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 2Df (City or town) Your Hour o.m. Not While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge Poge of work of work 21. I certify that I took charge of the remains described above, held an Autapsy be retained far Inspection buriol, funeral director. death resulted from Natural causes Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 9 ACTUAL prior SIGNATURE **EXAMINER'S** may Health NAME (Type)

VR A15ME (5)

0

BURIAL CREMATION

CEMOVAL (Specify)

the

REC D 1967

REGISTRAR

(County)

e IS RESIDENCE ON A FARM?

Year

IF UNDER 74 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED?

and in my apinian

DATE SIGNED

NO

(Stote)

Doy

Doys

12. CITIZEN OF WHAT

COUNTRY 3-

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is

necessary, please execute the certificate, writing the ward

5.may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Departme the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3.

Health priar ta burial, cremation, or remaval, and in any event within 72 haurs after death

pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

08515

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08509

	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)  o. COUNTY  b. COUNTY  t. COUNTY  1. D.
H	b. CITY OR TOWN (If ourside corporate limits, C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If ourside corporate limits, write RURAL and give represt town)
	write,RURAI, and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not an Inospital, give street oddress)   d. STREET ADDRESS   e. IS RESIDENCE
	10820 Georgia Ave 10820 Georgia Ave YES □ NO X
	NAME OF DECEASED (Type or print)  Claude Abraham Wood OF DEATH JUNE 3 1967
S.	SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  8. DATE OF BIRTH  9. AGE (In yeors lefunder 1 year lifunder 24 HRS.  Months  Doys Hours Min.
10 o dur	D. USUAL OCCUPATION (Give kind of work done ing mod of working life even if retired)  10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. COUNTRY? 14. COUNTRY? 15. COUNTRY? 16. COUNTRY? 17. COUNTRY? 18. COUNTRY? 18. COUNTRY? 18. COUNTRY?
13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Damuel Horaham Wood Eva Iwyman
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT es, no or unknown) (If yes give wor or dotes of service)
	No. 1 None 1710-18-48/6 Mrs. E. Wood, 10820 Georgia Aue. SS.
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH
	MMEDIATE CAUSE (o) Arterioscierotic cardiovascular disease
	Conditions, if ony, which gove )  (b)
	rise to immediate couse (o).
	stoting the underlying couse (c) (c)
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PREFORMED?  YES NO
MEDICAL CERTIFICATION	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
MEDICA	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While Not While of work Of work  20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)
	21. I certify that Look charge af the remains described above, held an Autapsy X, Inspection X, Inquiry X, and in my apinian
	death resulted from: Natural causes 🗷, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undefermined manner
H	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CASISTANT MEDICAL CASISTANT MEDICAL EXAMINER CASISTANT MEDICAL EXAMINER CASISTANT MEDICAL EXAMINER CASISTANT MEDICAL EXAMINER CASISTANT MEDICAL EXA
	EXAMINER'S BELOEN R. NEAR M. D. ADDIES (Suber Art), Town or country June 4, 1967
230	BURIAL (REMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR (REMATORY 23d. LOCATION (Conf.) (County) (Stote)
1	British June 7, 1967 It. Lincoln Cemetery Prince Georges Co., Md.
_	4. FUNERAL DIRECTOR + Collen Colle 8131 ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
W	arner E. Pumphrey, Inc. Silver Spring Md DATE, UN 8 1967 Granter July

VR A15ME (5) 6M 1/67

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08516 CERTIFICATE OF DEATH within 24 haurs after death Dineral 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Maryland Montgome ry b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg 20 days Olnev completely filled in b ove carbon papers, y event, within 72 ho d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 206 Russell Ave. Montgomery General Hospital NAME OF 4. DATE First DECEASED Yankev 6 Allen YHRKEY. Lov DEATH (Type or print) executed S. SEX B. DATE DF BIRTH 9. AGE (In years 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) White Male 5/8/04 WIDOWED DIVORCED 10o. USUAL DCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) requires that the death certificate be physician ( during most of working life, even if retired) INDUSTRY Virginia Miller 14. MDTHER'S MAIDEN NAME 13. FATHER'S NAME remava Victoria Halterman William Yankey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service 5 Hospital Records Olney, Maryland No crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit burial, cremati PART I. DEATH WAS CAUSED BY: acce no mayo cus IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse attending as been as the priar to OR ATTENDING PHYSICIAN: The law PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) has USe Health CERTIFICATION certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) detached for the Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER Dept. ( MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) this 20c. TIME OF INJURY Month. Dov. Yeor Hour o.m. factory, street, office bldg., etc. Not While After 21. I certify that (I) (this haspital) attended the deceased fram\_3 3 shauld I with the S be retained 67, and that death accurred a5:40P M, fram causes and an the date stated above. DIRECTOR: saw the deceased alive an 22o. SIGNATURE director, page 3 M D 22d. ADDRESS O HOSPITAL O FUNERAL MAME (Type) Baltazar E. Perez 10305Folk St., Silver Spring, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF REMDVAL (Specify) Flower Hill June 17 1967 Derwood 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR

Laytonsville

Md.

VR A15 (4)

25M 1/67

Francis

H. Barber

MARYLAND STATE DEPARTMENT OF HEALTH

08510

Montgomery

Doy

14

Doys

12. CITIZEN OF WHAT

COUNTRY?

(County)

22b. DATE SIGNED

(County)

Montgomary

1967

-14-67

IF UNDER 1 YEAR

Months

e. IS RESIDENCE ON A FARM?

YES NO 3

Year 19 67

IF UNDER 24 HRS.

USA

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY

PERFORMED?

NO

(Stote)

(Stote)

Md.

years

Hours

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	produce 11			Vanit	
			Anthony to		
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ams division of vital records, 301 W. Preston Street, Baltimore, Maryland 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY 2, one PM3. Page deloy ote Deportme IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS with form Give Pages 1, certificate should be executed within 24 hours ofter death 3. NAME OF Middle First Year OF DEATH DECEASED (Type or print) 4 should be forwarded to the Chief Medical Examiner's Office olong UNDER 74 HRS AGE (In years IF UNDER S. SEX last birthdoy) Manths Hours pencil in Item 18. WIDOWED 12. CITIZEN OF WHAT fOb. KIND OF BUSINESS OR COUNTRY? during mast of working life, even if retired) Industr Research Engin ony event within 72 hours .⊑ (Yes, na, or unknown) (If yes give war ar dates of service pending INTERVAL BETWEEN 18. ZAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) LONSET AND DEATH buriol-transit PART I. DEATH WAS CAUSED BY Peritonitis acute IMMEDIATE CAUSE (a) writing the word DUE TO Conditions, if any, which gave 48 Intestinal obstruction rise ta immediate cause (a) \_= DUE TO stoting the underlying couse 0 days Fecal impaction be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY removol, PERFORMED? Sedation with high doses of Thorazine YES 🗙 the certificate, 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) moy be retained for your files. FUNERAL DIRECTOR: Page 3 should PRIMARY C ar CONTRIBUTING buriol, cremotion, or MEDICAL EXAMINER: CAUSE OF DEATH. 20e. PLACE OF INJURY (Hame, farm, (Caunty) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) factory, street, affice bldg., etc.) Nat While be retained for your Poge at wark Inspection X Inquiry X 21. I certify that I taak charge af the remains described above, held an Autapsy , and in my apintan funerol director. Natural causes 🕱 death resulted fram: Accident Undetermined manner Suicide Hamicide CHIEF MEDICAL EXAMINER prior to 22. DATE SIGNED DEPUTY MEDICAL EXAMINER **EXAMINER'S** TO FUNE Heolth NAME (Type) Address (Street, city, town, or county) the 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Remova Baltimore M FGISTRAR 25b. REGISTRAR Baltimore Nat'l Cem. Wisc. tve 24. FUNERAL DIRECTOR Inc. N. VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

Film 390

